THE LANCET.

Vol. II.] LONDON, SATURDAY, JUNE 29, 1833. [1832-33.

CASE OF

CAROTID ANEURISM

SUCCESSFULLY TREATED (BY PLACING A

LIGATURE ON THE DISTAL SIDE OF THE TUMOUR)

By —— MONTGOMERY, *Esq., Surgeon of the Civil Hospital, Mauritius.*

(Communicated to JAMES WARDROP, Esq., in a letter from Dr. J. BARRY, Mauritius, and by MR. WARDROP to THE LANCET.)

"*To* JAMES WARDROP, *Esq.*

"DEAR SIR,—With reference to your operation for carotid aneurism, I send you the copy of a letter transmitted by me to Europe, giving an account of a similar operation performed at the Civil Hospital at Mauritius, by Mr. Montgomery, R. N. surgeon of that establishment, who was led to undertake it by reading in THE LANCET an account of your ingenious and successful operation. I am, Sir,

"Your obedient servant,

"JAMES BARRY, M.D.

CASE.

"Eight days ago I was present at a very interesting operation, that of taking up the carotid artery above an aneurism. It was performed by Mr. Montgomery, R. N. surgeon to the Civil Hospital, at Port Louis. The subject was a free black, tall, rather of a spare habit of body, but emaciated and debilitated. He had been sometime afflicted with a left carotid aneurism; had considerable cough, with irritation of the trachea, and frothy mucous expectoration, palpitation of the heart, great anxiety, and a fixed pain in the left temple. The tumour pulsated strongly, was very large, nearly of triangular form, the base occupying the space of two-thirds of the sternal portion of the clavicle, and ascending nearly four inches from the clavicle to the angle of the jaw, so that the volume of the tumour limited exceedingly the space for operating. Therefore an incision of an inch and a quarter in length was made through the integuments and platysma-myoides muscle, by which the inner edge of the sterno-cleido-mastoideus was brought into view (greatly thrown out of its natural position), this being pushed aside, partly with a silver knife, and the hand of the scalpel and the fingers. The dissection was then conducted with much caution, there having been some transverse branches of vessels and nerves greatly in the way, which, together with the restless disposition of the patient (it being impossible to steady his head for two minutes), impeded the progress. This process of the dissection exposed the sheath of the vessels, the descendens noni being in front, which was easily pushed aside; also a vein for the size of a crow-quill, running transversely over the carotid, at the upper edge of the omo-hyoideus muscle, which was distinctly perceptible, and the avoiding of this vein limited the space for the subsequent part of the operation; therefore, about half an inch of the sheath was cautiously cut into, and the artery on being laid bare was separated from its adhesions. I then put my finger on the vessel, as did other persons who were present, and could distinguish no pulsation whatever.

"Immediately after this, Mr. Montgomery passed a clumsy needle (made here for the occasion), armed with a double ligature, underneath the artery, and took it up with great skill and facility; one ligature was withdrawn so soon as the other was made secure. The lips of the wound were now brought together with a single suture and a couple of slips of adhesive plaster. The patient having been much exhausted, a little wine-and-water was given him and he was put to bed. On the fourth day the first dressing was removed, the patient appearing to be doing well, the pain in his temple having subsided immediately after the operation. His cough, palpitation, and other distressing symptoms, were gradually giving way, and the volume of the tumour was very perceptibly reduced, and the pulsation very

indistinct. The external wound presented a very favourable appearance.

"It is but fair to remark, that this operation was undertaken under very unfavourable circumstances. The patient had been told by some inconsiderate friends, that if he submitted to an operation he must die; however, he was at last satisfied (and there was no doubt in any of our minds) that he had no alternative, as the tumour would soon burst, and he must bleed to death, if he were not previously suffocated by the pressure from its rapidly increasing bulk. The surgical paraphernalia was unusually clumsy, and the patient in many points of view a bad subject for operation. Yet, under all these circumstances, it was impossible to perform any operation in a more masterly or scientific manner, and in no one process did Mr. Montgomery lose either his presence of mind or steadiness of hand; scarcely one drop of blood was lost, except that which came from the minute vessels of the integuments and muscles. The operation was performed in about twenty-five minutes."

CASES OF

MELANOSIS.

Dr. Thompson begs leave to forward two cases of melanosis for insertion in Mr. Wakley's excellent Journal.

Lisburn, June 12, 1833.

Case 1.—*Tumour on the Eye.*

C. B., æt. 45, of a sallow complexion, with dark hair and eyes, married, and having three children, was admitted into the County of Antrim Infirmary, on the 8th of March, 1831, on account of a large tumour connected with her right eye. She states that about two years before her admission her right eye became slightly inflamed, and that by using a collyrium and aperients it got better, but not entirely well.

In the month of March, 1830 (one year before her admission), she first perceived what she called a "scum" growing on the centre of the cornea; this soon became raised, and formed a small tumour, which, notwithstanding a variety of applications, continued gradually to get larger. Five weeks before her admission, it began to increase more rapidly than at first, and protruded entirely from between the lids, which it had previously very much distended.

The pain in the orbit and brow (the tumour itself appeared to be insensible) from being trifling now became severe, and prevented her resting at night; her general health began to give way, and being no longer able to attend to her domestic concerns, she was induced to apply for relief at the infirmary.

The tumour, at the time of her admission, was of about the size of a large orange, and was covered with a thin membrane, which had ulcerated in several points, exposing a dark-coloured spongy mass, from which there was scarcely any discharge. The account which the woman gave of the origin and progress of the disease, led me to think that the morbid growth did not proceed from the interior of the organ to which it was attached, and the great facility with which it could be moved satisfied me that it had no connexion with any other part within the orbit; I consequently anticipated a more favourable result from extirpation, which, with the concurrence of Dr. Stewart, the surgeon of the infirmary, I then proposed, and which was immediately assented to. Accordingly, on the 10th of March, the operation was performed in the following manner:—

The woman was placed on a table, her head resting on a pillow; the external angle of the lids was first separated by an incision, which facilitated very much the subsequent steps of the operation; the tumour was then drawn upwards and outwards by means of a strong thread passed through its centre; I then, with a double-edged scalpel, commenced my incision at the internal angle of the eye, and carried it to the outer angle; the tumour being then drawn downwards, and the lid elevated, a similar incision was practised above, the conjunctiva was thus completely divided; the muscles, vessels, &c., were then divided in a similar manner; and, lastly, the optic nerve was separated, with a pair of curved scissors. Considerable hemorrhage ensued, but it was soon checked by introducing a piece of fine sponge into the orbit, as recommended by Mr. Travers. An anodyne draught was administered, and the patient put to bed.

11th. Slept a little during the night; complains of great pain in the orbit and temple, which was very much relieved by the removal of the sponge. I may here observe, that should I again have occasion to perform a similar operation, I should only have recourse to sponge when all other means had failed to arrest the hemorrhage, as the poor woman suffered more whilst it remained, and during its removal, than she had done from the operation itself; simple dressing was applied, and a dose of ol. ricini given, as the bowels were constipated.

12th. Rested better; has very little pain in the orbit or temple; dressings covered with a sanious discharge; bowels have been freely acted upon by the medicine.

14th. Suppuration is now completely established; rests well at night; has scarcely any pain. From this time forward no unfavourable symptoms occurred; granulations sprang up from the bottom of the orbit, which adhered to the inner surface of the lids; and on the 27th of March, being anxious to return to her family, she left the infirmary, there being still a trifling discharge from between the lids, the free edges of which were not quite in contact. I heard from her about two months ago; the discharge from the orbit still continued, but in other respects she was tolerably well.

The tumour, on examination, presented externally a lobulated appearance, and was covered by a thin membrane, which appeared to be a prolongation of the conjunctiva; the eye was found at its posterior part in a healthy state, and was connected with it by a very narrow pedicle which arose from the anterior layer of the cornea, from which it had raised the conjunctiva. On dividing the tumour, its section presented a smooth surface, which yielded on pressure a very small quantity of a dark-coloured fluid; in consistence it resembled a fleshy uterine polypus, was rather more dense towards the circumference than the centre, and something like a fibrous arrangement of its particles could be observed near its pedicle; its colour was dark-brown, with yellow patches scattered through it; at present, after having been upwards of two years in spirits, it has a resemblance in some parts to dark-coloured rosewood. As I wished to preserve the parts, I did not separate the tumour from the eye, consequently I could not say whether any vessels entered it from the cornea; the conjunctiva appeared thickened, where it was reflected over the tumour. I could not perceive the slightest trace of vessels in its substance, not even in the pedicle by which it was attached; injection might perhaps have shown some, but there was no vessel sufficiently large for the insertion of a pipe.

CASE 2.—*Tumour on the Cheek.*

Mr. R., a healthy man, æt. 64, applied to me in the month of June, 1832, on account of a tumour on his right cheek, immediately under the malar bone. He states that it commenced about two years ago, when it was not larger than a pea, and continued gradually to increase in size until the present time.

The tumour is now about the size of a hen's egg, is perfectly moveable, and free from pain; the parotid and submaxillary glands are unaffected. Mr. R.'s object in applying to me being the removal of the tumour, I proceeded to remove it in the usual manner; the wound healed in the course of a fortnight, and there has been no appearance of the disease in any other part of the body up to the present period.

On examining the tumour, which was imbedded in the fat of the cheek nearer the mucous membrane than the skin, it was found to be without a distinct capsule, unless the cellular membrane, which adhered to it, could be called one; its surface was irregular, and on making a section it resembled very much the tumour in Case 1, except that the colour was lighter, approaching to a grey, and its consistence more uniform.

The above are cases of what would be denominated by the French writers "Melanose en masse." I could not in either of them observe the slightest appearance of the softening which Laennec mentions as taking place in such tumours, unless the diminished density in the centre of the first be considered as the commencement of that process.

It is generally supposed that melanosis is always of a malignant character; but if I may be allowed to form an opinion from the observation of the cases which I have just related, I would say that melanotic matter may be deposited in a tumour of the most innocent nature, without altering its character. In this I am borne out by the opinion of Dr. Armstrong, who does not consider that it is always connected with a peculiar affection of the solids.

PREPARATION OF EXTRACTS.

The different Modes adopted. The best Mode. Injury resulting from the Cultivation of Medicinal Plants

To the Editor of THE LANCET.

SIR,—As the present is the period for the preparation of several EXTRACTS, and as on their *proper* preparation the efficacy of many hundred remedial applications will be dependent for the ensuing year, I am desirous of calling the attention of medical men and operative chemists to the following remarks, forming part of a lecture delivered by me at the Westminster Dispensary. I beg to remain, Sir, yours in well wishing,

JOHN EPPS, M.D.

89, Great Russell-Street,
June 22, 1833.

"I have now, Gentlemen, to draw your attention to a subject of considerable importance, particularly at the present moment. It is the *Preparation of Extracts.*

"Extractive matter, as it is called, is very liable to chemical changes under the combined influences of *heat* and *air*.

"Some extracts are made from *decoctions*, the extractive matter of which, during the decoction itself, is consequently exposed to a considerable *heat*, and to a considerable, and, very often, unnecessary extent, to the *air*. Hence one source of injury to the active medicinal principle. But, in addition, during the *inspissation* of the liquor obtained by the decoction, a further exposure to the heat and the air takes place, and thus the injury done to the active principle is augmented.

"Other extracts are obtained by *expressing the juice* of the *recent* plant by means of a press—the watery part of the juice being driven off by the agency of *a water-bath*, the juice being but partially exposed to the air. Thus the extractum conii and the extractum hyoscyami are prepared by many chemists, and this mode is one which is very superior to the one before mentioned; the heat from the water-bath never rising above a certain point of temperature. The extracts thus prepared are often very efficacious.

"The most efficient method, however, of preparing extracts is by *spontaneous evaporation* of the juice: the evaporating agent being the *sun's rays*, or rather the *heat thence arising*. This plan was first proposed, I believe, by an intelligent practitioner, Mr. Houlton. Mr. Smith, of Brown-Street, Nutford-Place, prepares his extractum taraxaci in this way, and it is as different from and superior to the extractum taraxaci as generally sold, as two things of the same nature can possibly be. The extractum conii and the extractum hyoscyami, as prepared in this way, are very efficacious.

"This method is adopted by very few chemists. Custom and prejudice are almost omnipotent; and it is only by medical practitioners demanding that the extracts shall be thus prepared that extracts in their most active state will be obtained.

"Another source of injury is now introduced and should be exposed. Herbalist gardeners are adopting the practice of *cultivating* medicinal plants. To you, Gentlemen, who know the effects of cultivation upon plants, the statement of the fact is quite enough to induce you to condemn the practice. To illustrate the evil arising from this practice, let me refer you to one plant, whose medicinal virtues are almost destroyed by cultivation, the lettuca (lactuca). Let any one compare the *wild* lettuce (lactuca *virosa*) with the *cultivated* lettuce (lactuca *sativa*), and he will be satisfied that nature produces the medicinal agent best when left to follow her own courses. Notwithstanding, the London College of Physicians, the sapient legislators, who found out some years since, that to constitute a Fellow *by right*, it was necessary that the individual should believe in the thirty-nine articles of the church of England, and who, also, are enlightened by the light to be derived from the study of "all the collateral branches of philosophy," have ordered that the "lactuca sativa" the less efficient, should be used. At least, this is the species or rather the variety, introduced into their pharmacopia. *They* take no notice of the *active* plant. Chemists have, however, supplied the deficiency; and in the shops *two* extracts of lettuce are to be met with, the *extractum lactucæ* and the *extractum lactucæ virosæ*.

"These few remarks on extracts will, I trust, be impressed upon your mind, and I have no doubt you will exert your influence in the benevolent attempt to obtain remedial agents in that state in which they will produce the most beneficial effects in the treatment of disease."

General and Particular History of Anomalies in the Organization of Man and Brutes, comprising Researches into their Characters, Classification, and Physiological and Pathological Influence; Laws and Causes of Monstrosities; Vices of Conformation, and their Varieties. By M. Isidore Geoffroy Saint-Hilaire. Vol. I., J. B. Bailliere, 1832. 8vo., pp. 746; with an Atlas.

The present volume, interesting as the work of a young man who has been thought worthy to succeed the great Cuvier at the *Jardin des Plantes*, acquires still greater interest from the application which has been made within the last few years of general anatomy to the study of the formation of beings, both organic and inorganic. Thanks to the labours of a few scientific men, we have long since repudiated the idea that certain ill-formed homunculi are the handy work of the devil, who takes especial pleasure in distorting the face of nature. Equally freed, too, are we now from the dogmas

of the "good women," who in times past declared, that if you cut the chord some five or six inches from the abdomen, the infant "brat" would become a perfect Turk, and equal, perhaps, the duo "Cæsaris anticatones." Happily the days of conjecture and surmise have given place to scrutiny and observation, and we are hourly deducing from facts satisfactory explanations of numerous occurrences which were hitherto involved in deep obscurity. As a splendid illustration of this position, we take up the present volume, with intent to analyse its pages for the information and gratification of our readers.

The object of M. St.-Hilaire is well expressed in the title of his work. He has endeavoured, in the first place, to collect into one body the immense number of facts which lie scattered at random in the pages of innumerable publications, expressed in various languages, each valuable in itself, but rendering little benefit to science, from the want of connection amongst the straggling materials. Having studied anomalies in their special conditions, and having established the laws and general relations to which all the particular facts may be referred, he shows how these laws and these relations are themselves but corollaries of more general laws of organization.

With this view he proposes to divide his entire work into five parts. In the first, the nomenclature, distinction, and classification of anomalies are treated of, together with several general questions, a preliminary knowledge of which is necessary. In the two next parts he takes up the history of particular facts, the second part being dedicated to simple anomalies, the third to complex anomalies which include nearly all the cases of monstrosity, properly so called. In this portion of his work, the author occupies himself with the explanation of the nature, physiological and pathological influence, relations and mode of formation, of each group of anomalies. The fourth part will treat of the general conditions, laws, and, as far as possible, the causes which produce anomalies. In the fifth or last part, M. Saint-Hilaire will deduce from the facts which he has brought forward, and from the laws he has laid down, a great number of applications to physiological anatomy, natural physiology, and the medical sciences.

We need not remind our readers that, until lately, no attempt whatever had been made to reduce the study of anomalies to a science. The ancients were content with conjectures, most of them based on superstition. The moderns recorded a number of scattered facts, and proposed a variety of hypotheses, more or less founded in truth, but without any object or philosophic direction. We may distinguish, as M. Saint-Hilaire has remarked, the history of teratology, or the science of monsters, into three periods. The first—that which our author justly terms the *fabulous* period—comprises every period of time antecedent to the eighteenth century. During this immense lapse of time, no attempt had been made at a classification of monsters. The facts recorded in medical writings were most of them ridiculous, or manifestly false; many absurd and superstitious notions were in vogue, which gave rise not only to absurd theories but to practices the most cruel; and the barbarisms of the Greeks and Romans were executed on such unfortunate children as the parents or neighbours pleased to call "monsters." Even the most learned participated in these erroneous ideas. Riolanus, one of the most distinguished men of his age, who lived about the beginning of the seventeenth century, gravely tells us, that children with six fingers, giants, dwarfs, &c. who are made after the image of the devil, *may* be allowed to live, but should be removed from the sight of the public, and be perpetually shut up in some chamber or place of security. (Riolanus. *An Romanorum præcepto monstra interfici debuant.* Paris, 1605.)

The second period embraces the first fifty years of the eighteenth century. Here we begin to find something positive; the science was cultivated with zeal, but still rather as a matter of curiosity; however, the inquirers established numerous important facts, and endeavoured to solve the important question, "whether monstrosity be original or acquired."

The scientific period extends from the middle of the eighteenth century to our own times. Haller, to whom physiological medi-

cine owes so much, gave the first impulse by his work "De Monstris," in which he assembled together the isolated facts recorded by former authors, while he expunged, or rendered doubtful, those inconsistent with the advanced state of knowledge which he so eminently possessed. The pupils of Haller seemed content to follow the steps of their great master, without adding much original matter, and the progress of teratology was slow until Bichat, by his profound views, had, as it were, established a new species of anatomy, analysing the essence of organic forms, and demonstrating the laws by which those forms were invariably directed. Comparative anatomy was quickly brought to the aid of general and descriptive anatomy. Man in his most perfect state of formation was compared with the embryo; the various forms of organised beings were compared with man and with the embryo; and by this double operation of analysis and comparison, we became acquainted on the one hand with the intimate composition and science of bodies; on the other with the general facts of animal organization in every age and species. On these views was founded a new theory of anomalies, viz., that of *arrest* and *retardation* of *development*.

From this period the science became more intimately united with anatomy, especially with that part which determines the laws of development, and the order in which the various organs appear. Thus, further examination showed that *arrest of development* formed in the adult a series of phenomena exactly similar to one which is observed in the embryo, which latter series is similar to a series of formations in the great scale of organic life. In this point of view, monsters by *arrest* of development are, as it were, permanent embryos; their organs present the primitive state of formation, such as it existed in the first days of fœtal life.

So far monstrosities by *arrest* received a good explanation from a knowledge of the order in which the several parts of the embryo are developed; but this theory explained little with regard to monstrosities in which some portion of the body is found in excess. Here the theory of eccentric development and the law so clearly established by Serres came to the aid of embryology. This learned anatomist was the first to observe and establish, that when an organ is double, the vascular trunk which nourished it is also double and *vice versâ*; thus clearly pointing out a limit to monstrosities by excess, and indicating the manner in which a natural classification might be applied to this difficult portion of the science. The utility, or rather the necessity, of studying monsters philosophically, is further shown by a fact lately established with respect to the formation of double monsters. These are never found joined together by hazard, but invariably by corresponding parts; every organ and part in one has a corresponding organ and part in the other, and, at the point of union, each muscle, bone, nerve, and vessel of the one, becomes united with the corresponding muscle, bone, nerve, and vessel of the other. This disposition is invariably seen in the case of double monsters. It proves, in the first place, that the organisation of monsters is directed by certain constant and precise laws, and leads to this singular deduction, that when two bodies are joined together in this manner, they bear the same relation to one another as the right and left sides of a regularly formed individual. Thus a double monster is an individual composed, if we may use the expression, not of two lateral moieties, but of four. It is unnecessary to point out how this fact overthows the ancient ideas of accidental contact, original diseases, &c. as the causes of double monsters.

Such is a rapid sketch of the previous history of teratology and of the method which the author promises to follow in the execution of his work. To the English reader it must be peculiarly interesting. Embryology and analytic anatomy, like many other higher branches of science, have been almost totally neglected in this country. We have, indeed, some treatises upon general anatomy tolerably well written and arranged, but they are all of them compilations and not master works. As to the science of embryology, it is below zero. Happily for our fame, the work of Dr. Granville, which we shall notice next week, has come to raise its temperature, but if we except this last pro-

duction, we cannot call to mind a single good monograph on the embryo, the successive formation of its organs, or even on the anatomy of the fœtus. Putting aside the labours of Harvey, Hunter, and a few others, which are rather confined to the annexes of the fœtus, let us turn to our standard works upon midwifery for information, and we shall be at once convinced that the above assertion is correctly founded. These facts may explain the cause of the little attention which we have paid to the anatomy of monsters. It was Denman, if we mistake not, who said that he hoped the time would come when a diligent anatomist would not only detect many varieties and modes of things hitherto undiscovered, but by carefully registering his observations and comparing his facts, would be able at length to arrive at conclusions highly interesting and useful. M. Saint-Hilaire has realised this idea.

The first part of the present volume contains, as we have said, the division, the definition, and the nomenclature, of monstrosities. The division into groups is based chiefly upon three considerations, viz.; 1st, the nature of anomalies; 2nd, their complications and importance in an anatomical point of view; 3rd, the influence which they exercise on the functions of the living body. Taking these principles as a guide, anomalies may be divided into four groups thus:—

- Anomalies
  - Simple..... Hemiteriæ.* .. { Varieties and Malformations.
  - Complex.. { Heterotaxiæ.† ; Hermaphrodisms. ; Monstrosities.

From this table it appears, that the author, who distinguishes anomalies from monstrosities, divides the former into two orders, which, again, are subdivided into four genera.

Simple anomalies are those which neither produce deformity nor offer any obstacle to the exercise of the functions (varieties), which, though of slight importance in an anatomical point of view, either impede certain functions or produce deformity (vitia conformationis).

Complex anomalies, are, 1st, those which are important in an anatomical point of view, but which do not influence any function, being confined to the interior of the body (heterotaxiæ). 2nd. Anomalies, very remarkable, influencing the functions, or producing in the affected individual a conformation strikingly different from that which his species commonly presents (monstrosities).

Having established the preceding divisions, M. Saint-Hilaire proceeds to examine the classifications proposed by Huber, Malacarne, Buffon, Blumenbach, Meckel, Breschet, and others, and developes, at length, the advantages which arise from the application of the method of the naturalists to the study of anomalies.

Hemiteriæ, or simple anomalies, embrace, according to the divisions of the author, *five classes*, subdivided into genera and species.

1st class. Anomalies of *volume*, whether general or partial. This class includes giants and dwarfs, partial development or unnatural size of certain members, the mammæ, vagina, adipose system, &c.

2nd class. Anomalies of *form*. These are very analogous to the former class, and but little worthy of interest.

3rd. class. Anomalies of *structure*, including all changes in the colour of parts, or in their intimate composition.

4th class. Anomalies of *disposition*. This extensive class embraces five distinct groups or orders; 1st, displacements; 2nd, changes of connexion; 3rd, anomalies caused by the continuity of parts naturally separated; 4th, those caused by the formation of a septum; 5th, by the separation of parts naturally united.

5th class. Anomalies of number, including, 1st, those by augmentation of number; 2nd, those by diminution.

Under "anomalies of volume," M. Saint-Hilaire has assembled several curious par-

* From ἥμισυς half, and τέρας a monster.

† From ἕτερος different, and τάξις arrangement.

ticulars relating to dwarfs. The word dwarf, in scientific language, should be confined to individuals whose diminished stature depends not on disease or malformation, but in a diminished volume of all the parts of the body. Amongst the most celebrated of this class of beings were Jeffery Hudson (well known to all our English readers through Sir Walter Scott's "Peveril of the Peak"), Borwilaski and Nicholas Ferry, surnamed Bebé. The latter was born in 1741, at Plaines; both his father and mother were of ordinary stature. Even the birth of this little being had something extraordinary. He came into the world two months before his time; weighed but then a pound; was brought to church in a plate, and cradled in a wooden shoe (*sabot*). When five years old, the little Bebé was examined by the physician to the Duchess of Lovrain; at that period he weighed nine pounds; was about twenty-two inches high, and was completely formed like a young man of twenty years. Bebé now passed into the service of Stanislaus, king of Poland, and became the favourite of that unfortunate monarch; he was gay, well-made, and agreeable, but his intelligence always remained extremely low. When fifteen years of age, the dwarf had attained the height of twenty-nine inches, and seemed to arrive at the period of his puberty; but a sudden change was operated in his constitution; his countenance became dull, and lost its vivacity; his health rapidly declined, and Bebé died at the age of twenty-two, bearing every mark of a premature old age. There is a waxen statue of this celebrated dwarf in the anatomical museum of the Ecole de Médecine at Paris, dressed in the clothes which Bebé wore at the court of Poland. The figure is complete, and the face perfectly well formed. The skeleton is preserved in the museum of natural history. An examination of the skull shows a complete ossification of the bones, and obliteration of many of the sutures. The principal dimensions of the skeleton are as follows:—height two feet nine inches six lines; length of arm one foot two inches nine lines; ditto, of lower extremity, one foot four inches six lines; length of humerus seven inches three lines; length of femur nine inches.

Borwilaski, like Bebé, was born of parents above the ordinary stature; but, unlike the Polish dwarf, he was endowed with a considerable share of intellect; he spoke German and French with fluency, and his answers were said to evince some smartness, if not wit. This dwarf was twenty-eight inches high. When aged twenty-two, Borwilaski took unto himself a wife, who presented him with several well-made and large children. His paternity indeed was doubted by many, but the little man received the pleasantries of his friends with a good grace.

From these, and many other cases detailed by the author, we see how much dwarfs may vary, both in their physical and moral conditions; some pass rapidly from infancy to old age; others enjoy good health to an advanced period; the greater part are simple, almost idiotic; yet a few, like Borwilaski, have shown considerable intelligence. Dwarfs are usually born at the full period of gestation, and of ordinary-sized parents; they are almost universally impotent, either with individuals of the usual size, or with one another, as is fully proved by the experiments of Catharine de Medicis, and the Electress of Brandenburgh. The pleasures of love quickly destroy them.

The history of giants is somewhat more remarkable than that of dwarfs. The proofs of their existence in olden times, may be reduced to three heads. 1st. The discovery of certain bones of an enormous magnitude. 2nd. The testimony of the Bible. 3rd. That of several profane authors. The immense progress which we have made of latter years in zoology, and history of fossils, enables us to appreciate the first set of proofs at their full value; in fact the pretended bones of giants are nothing but the fossil remains of the elephant, the mastodon, &c. Besides, if we examine with any care the history of these discoveries, the incongruities become manifest. One of the most celebrated giants of this kind, was the one discovered in Sicily in the fourteenth century. It was at once decided that this was no less a personage than Polyphemus, and that he must have been at least 300 feet high; a respectable stature certainly, which might satisfy the most enthusiastic amateur in

giants. Unfortunately, it was afterwards proved that the cave in which the pretended giant of 300 feet was found, holding in his hand a mast of a ship as a walking cane, was itself only thirty feet high. Polyphemus may serve as a type for the history of other giants said to be found in different quarters of Europe. As to the proofs taken from the Bible, they admit of an easy explanation. The stature of Goliah was said to be six cubits and a span, which, from the best calculations, make about nine feet; if we consider that the cap of Goliah was included in this measurement, his height may be estimated at eight or eight feet and a half, a stature consistent with the limits which observation has placed to the human race. In fact, the most authentic accounts which we possess, relating to individuals of extraordinary stature, establish the limit at about eight feet and a half, or nine feet. The analogy between giants and dwarfs is striking in more than one respect; their intellect is usually very moderate, and, like dwarfs, they are impotent, or readily weakened by venereal pleasures; they also die at an early age.

After a lengthened examination of hereditary varieties of stature in different species of animals, the author examines and establishes the principal variations of stature in the human race. We have already seen that the limits established by observation are confined between twenty-eight or thirty inches for dwarfs, and eight feet and a half, or nine, for giants; but in addition to these anomalies, there are certain countries in which the inhabitants are naturally either above or below the ordinary standard; the inhabitants of the most southern parts of America, the Esquimaux and Boschimans, are familiar examples of an elevated or diminished standard. In these hereditary differences of stature, we find an easy solution of the pretended stories of pigmies and giants; for we can readily conceive, that in a country where the average height of the male inhabitants is more than six feet, many examples of extraordinary stature will present themselves, and *vice versâ*. The following table will serve to indicate the most remarkable of those variations:—

Nations.	Stature. Feet.	Inches	Designation of the Race.	Authors from whose Accounts the Table has been drawn up.
Patagonians	6	1	American.	La Girandis—Malaspina.
New Zealanders	5	7	Malay.	Lesson.
Otaheite Chiefs ..	5	6	Ditto.	Lesson.
New Hollanders ..	4	11	Ethiopian.	Quoy and Gaimard.
Kamtschatkans ..	4	10	Mongolian.	Laperouse.
Esquimaux	4	0	Ditto.	Ditto.
Boschimans	4	0	Ethiopian.	Barrow—Peron.

Anomalies of Form.

Anomalies of form are intimately connected with anomalies of volume, which we have already described. Sometimes the œsophagus offers at a certain point a dilatation more or less marked, which may be compared with the crop of birds. The stomach, on the contrary, is occasionally found divided in its middle portion into two distinct bags or sacs, a species of anomaly which resembles the regular organization of several animals, and of the human embryo at an early period of fœtal life. Again, the anomalous forms of one sex are imitations of the regular structure in the opposite sex; thus the female pelvis sometimes is formed exactly like the male, while the genital organs present many of the characteristics belonging especially to man.

Anomalies of Structure or intimate Composition.

Amongst the most remarkable and interesting anomalies of colour is *albanism*. The first authors who described albinos seemed inclined to consider them as a distinct race of beings; and were lost in astonishment and wonder when they saw the same country produce individuals as black as charcoal and as white as the fairest

European. But the present state of our knowledge enables us to assert, that albinos are not a distinct race, or a variety of the human species; but that they rather owe their production to some accidental modification, as giants and dwarfs. Thus albinos have been observed in almost every race and climate; in the various countries of Europe; New Guinea; the Friendly Isles; the Antilles; the Cape of Good Hope; in different parts of Africa, Ceylon, Java, and Manilla. This modification of colour is not confined to certain individuals of the human race; but has been observed also in a vast number of inferior animals. Every one is familiar with the white elephant of the east, so prized by the King of Siam, and at Pegu. Amongst the birds we may signalize the white peacock, a bird almost as beautiful as its rival of many colours, and of which there is at present a living specimen in the Jardin des Plantes. In fine, albinism has been observed in several molusca, and, imperfectly, even in the vegetable tribe. In the perfect albino the skin and hair are as white as milk; the iris and choroide are also perfectly colourless; hence the iris often presents a rose or red tint from the bloodvessels with which it abounds; the pupil in particular is intensely red, giving to the physiognomy a peculiar character. For the same reason albinos are generally myope, and invariably myctalope, i.e. see better in a very feeble light than by day, a circumstance readily explained by the anormal condition of the iris. It is a curious fact, that albinos are observed more frequently in the negro race than any other. After the negroes the inhabitants of the Isthmus of Panama present the greater number. To whatever variety of race albinos may belong, they are usually delicate and lymphatic. The face is without expression, and it is said that the males are in general incapable of procreating. However this may be, it is certain that the females are capable of conceiving, and that their children, if begotton by a black, are not pie-bald, as many authors have erroneously asserted, but sometimes completely black, sometimes albino. The nature, and especially the cause, of albinism, seems involved in considerable obscurity; but certain considerations on albinism in general, and on the influence of various circumstances on the primitive colours of the different species of animals, have led the author of the present work to consider albinism as the effect of a particular malady, attacking the colouring tissue of the skin; in fact, if an animal be kept confined for a length of time, deprived of all exercise, and ill nourished, he falls into an imperfect state of albinism analogous to that of a plant for a long time deprived of light. The anomaly may, however, be explained occasionally in a different manner; at a certain period of fœtal life, the pigmentum or colouring matter, and even the rete mucosum, does not exist; hence we may sometimes attribute albinism to an arrest of development.

The remaining anomalies of structure present but little interest; we shall, therefore, pass them in brief review. Organs which are normally hard, are sometimes found softened in a remarkable degree. This anomaly usually depends on the arrest of development. The cartilaginous state of certain bones, and the absence of ossification of the cranium, are familiar examples of this species of anomaly. The induration of organs which are soft in a natural state, constitutes an anomaly precisely the reverse of the former. Anatomists have frequent opportunities of witnessing this anomaly, for there is scarcely an organ of the body in which we may not occasionally find ossific deposits. We would, however, remark, that several examples cited by M. Saint-Hilaire under this head, seem to us rather referable to disease than to an error of organization, as ossifications of the veins, heart, diaphragm, &c.

Anomalies of Disposition.

This class embraces a great variety of interesting and important anomalies. The first order of this class contains anomalies which arise from a change of position. There are few important organs of the body which are not subject to displacements, which take place the more readily as the organs are more or less fixed to neighbouring parts at an early period of formation. Displacements of the viscera may naturally be divided into those of the

thoracic, the abdominal, and encephalo-rachidian viscera. Displacements of the brain, though not very frequently observed, are of various kinds. In fact, this viscus may escape from the cavity of the cranium, not only through one of the regular sutures, but between any of the ossific points into which at an early period the bones of the skull are divided, or between the lateral moieties which constitute one of the bones placed on the median line. The author has had occasion latterly to observe an interesting example of the latter kind; the greater part of the brain had escaped through a median fissure which divided the occipital bone into two portions, as low down as the occipital foramen; the tumour resulting from this displacement of the brain was mistaken for an encysted sac, and removed eleven hours after the birth of the child. This severe operation, which the infant survived thirteen hours, was not accompanied by any extraordinary symptoms. There was slight hemorrhage, some convulsive movements of the lower extremities, and an abundant discharge of serous fluid. In another case, observed by M. Serres, the brain escaped between the lateral portions of the sphenoid and æthmoid bones, and was lodged in the nasal fossæ and pharynx.

Displacements of the Thoracic Viscera.

Displacements of the heart are frequent, and eminently worthy of consideration. In very slight cases the apex of the heart, instead of pointing to the left side, is directed vertically, or to the right. These anomalies are usually accompanied with displacement of the great vessels, and certain viscera of the abdomen. In more severe cases the heart is removed altogether from the thoracic cavity, and forms a hernial tumour in the neck, outside the chest, or in the abdomen. The greater part of the individuals affected with these anomalies are not vitable, but in some rare cases the displacement of the organ is merely accompanied with slight derangement of the respiration and circulation. In general it may be laid down as a rule, that when the heart itself is well formed, and covered by the pericardium and integuments, the life of the individual is not compromised by the anomaly; but these conditions are unfortunately rare, and exist only in certain cases of abdominal displacement. We have said that the heart may form a hernia, and be found in the neck, or in the abdomen; numerous examples of these two kinds of displacement have been recorded by M. Breschet, and more recently by Dr. Paget, in an excellent Essay on Malformations of the Heart. In a case observed by M. Breschet, the heart, thymus, and lungs, had escaped from the thorax behind the clavicles, and were placed in front of the neck; the apex of the heart was directed upwards between the two moieties of the inferior jaw, and was attached to the tongue; the aorta, instead of making a curve from right to left, was directed perpendicularly down into the chest. In this example we see the normal organization of fishes, and also a permanency of fœtal formation; for we know that at an early period of fœtal life, the heart is not contained in the thorax, and the aorta forms a straight tube passing directly to the abdomen and lower extremities. Displacements of the heart into the abdominal cavity, are more frequently observed than the cervical displacements. In this species of anomaly, the heart may have simply passed through an opening in the diaphragm into the abdomen, [or may have escaped, together with several abdominal viscera, through some anormal opening in the parietes of this latter cavity, forming an external hernial tumour. Examples of the former species have been recorded by Deschamps and Ramel.

The fact related by Deschamps is sufficiently curious: an old soldier, who had been compelled to return from service on account of frequent and severe nephritic pains, fell a victim at length to a disease which nothing could alleviate. After death the body was examined, and the heart found situate in the left lumbar region. An opening in the diaphragm gave passage to the principal vessels distributed to the lungs and upper portion of the body. In a case recorded by Dr. Wilson, the abdominal parietes were imperfectly developed, presenting a median fissure from the sternum to the umbilicus. The heart, which was simply composed of one auri-

cle and ventricle, was lodged deeply in a fissure on the superior surface of the liver. The subject of this observation lived for seven days after its birth.

The cases of abdominal displacement, in which the heart passes not only through the chest into the abdomen, but also through the parietes of the abdomen, are very various; sometimes the organ rests on the abdominal parietes, close to the fissure through which it has passed; in other cases it is removed to a considerable distance from the abdomen, having been found close to the head. It is unnecessary to mention that individuals who present these anomalies, are either born dead, or die a few hours after birth.

In the fourth book of the second part of the History of Anomalies, M. Saint-Hilaire treats of displacements of the abdominal viscera, extraversion of the bladder, club-foot, deformities of the spine, and anomalies of the muscles and circulatory system. These we pass over, because they are more or less familiar to our readers, on account of the connexion which they evidently bear to various branches of surgery, and proceed to analyse the observations of the author on anomalous communications of the intestines, vagina, and other splanchnic canals.

The author has already had occasion to deduce this fact, from a variety of observations made on animals in general, that all the canals which pass from the lateral portions of the abdominal cavity towards the inferior openings (as the ureters, oviducts, &c.), present at their terminations a great number of important variations, while at their lateral terminations they offer almost constantly the same disposition; thus, in man for example, and many other species, we find two openings, one genito-urinary, the other anal; in other species again we have three openings, a genital, anal, and urinary, or two peritoneal canals and a cloaca; finally, in some, we find only one opening, common to the anus, genital, and urinary organs. This remark, applicable to the normal variations observed in different species of animals, applies equally to the anomalies which exist in various individuals of the same species.

The vices of conformation, which we are about to describe, naturally arrange themselves into four groups: thus, the orifice of a canal which, in the regular state is internal, may, by a malformation, become external, or *vice versâ*; or the orifice of a canal, preserving its natural relations of external and internal openings, may exist in an unnatural position, i. e. be placed at some distance from the point which it usually occupies, as when the vagina opens above the pubes. Amongst the latter group, one of the simplest and least anomalous is the direct opening of the ureters into the urethra. This disposition, generally accompanied with a more or less complete absence of the bladder, realizes in man the normal conformation of a great number of animals. The opening of the ureters, either into the vagina or rectum, had also been observed in certain individuals. We may regard, as very analogous to the anomalies just cited, the opening of the vasa deferentia into the bladder or ureters. Displacements of the orifice of the vagina, or os tincæ, occupy the next rank; these canals may terminate, interiorly, either in the bladder or rectum; of these deviations, the first, which is evidently the most simple, is so extremely rare, that we find with difficulty a few examples in the annals of our science. The opening of the vagina, or os tincæ, into the rectum, is more remarkable, and more frequently observed. In this case we observe, as in the normal state, two openings at the inferior extremity of the trunk, but one belongs exclusively to the urethra, while the other is common at the same time to the excretion of fæcal matter and the generative functions. This anomaly is not of necessity a cause of sterility, or an insurmountable obstacle to the birth of the child. Every one is acquainted with the celebrated thesis of Louis, in 1754, on this subject, and with the rather puzzling question which he addressed to the doctors of divinity; "An uxore sic dispositâ uti fas sit vel non; judicent theologi morales?" The divines, unable to solve the problem, did as they usually do in such cases,—persecuted the author; the publication of the thesis was forbidden by Act of Parliament, and we owe this curious morceau only to the indulgence of Pope Benedict the 14th, who

it seems was not so squeamish as the doctors of the Sorbonne.

The cases just cited are examples of anomalies in which the openings of canals are transferred from one internal point to another; we now proceed to that group in which the openings are changed from one external point to another. The most remarkable of this group are the transpositions of the anus, or, more properly speaking, the anomalous openings of the great intestine above the pubes, in the iliac regions, or at the umbilicus. The second of the pelvic openings, or the genito-urinary, may also, like the anus, be transposed to some other external point. This anomaly is extremely rare in the female; in one case observed by Dr. Champion, the opening of the vulva was situated quite close to the anus; this woman became pregnant, and the small bridle of perineum which separated the pelvic openings was saved from rupture. In another example, recorded in the History of the Academy of Sciences, the vulva was transferred above the pubes. The anomalous opening of the urethra in the male, is even more rare than the one just described, and is confined to the existence of an opening either above or below the corpora cavernosa, at a greater or less distance from the pubes. These anomalies should be distinguished from certain others, apparently of the same kind, to which authors have given the name of "hypospadiæ" and "epispadiæ," and which are ordinarily the result of an arrest of development in the parietes of the urethra. The pelvic openings, ordinarily two, may be increased, as we have said, by the transposition to the exterior of an opening naturally interior. One of the most interesting cases of this kind fell under the observation of M. Saint-Hilaire; the anus was situated in the right groin; above it was the orifice of the vagina, and a little above the latter, but perfectly distinct, was the orifice of the urethra; thus the vulva was, in this case, as it were decomposed, and divided into two openings, perfectly distinct, one belonging to the genital apparatus, the other to the urinary, an anomaly which realizes one of the most remarkable characteristics in the organization of the mole, and several other mammalia of the same family. The pelvic openings may be increased to three, as in the former examples, when one of the ureters opens externally in the pubic region; or even to four, when both ureters are similarly displaced. The pubic insertion of the ureters is an anomaly extremely rare and difficult to account for; in fact, we are not acquainted with any animal, or any stage of fœtal life, which presents a similar disposition.

As the number of pelvic openings may be increased, so it may be diminished by the anomalous communication of the intestine with the bladder or urethra, &c. The greater part of these and similar anomalies, depends on the persistence of certain organic conditions of fœtal life. In almost every case of this kind, the opening of the intestine into the urinary apparatus is extremely small, and gives passage only to the most liquid portion of the fæcal matter. Numerous facts collected by writers in surgery, show that the intestine may also open in the vagina, constituting a malformation at once severe and disgusting, but which, however, does not always affect the accomplishment of the functions necessary to life. We may here observe with the author, that the attempts of various surgeons to remedy these inconveniences, however laudable, have not been always guided by sound views, for they have invariably confounded these anomalies of insertion of openings with another class of anomalies which are quite different, viz., anomalies consisting in simple imperforation. It is obvious, that in the latter class surgical assistance will be useful; but in the former it can be of no avail, because, as these anomalies depend almost invariably upon an arrest of development, incisions, however judicious, made into the perineum, cannot discover the termination of a rectum which does not exist.

Anomalies arising from the continuity of parts naturally separate.

The author divides this class of anomalies into three groups, viz., anomalies from *imperforation*, from *junction*, and from *fusion*.

Of Imperforations.

There is scarcely an external opening of the body which may not be affected by

this anomaly, consisting in the closure of orifices, cavities, or canals, naturally open. In general, the openings situated at the inferior extremity of the trunk, are most subject to imperforation, as, for example, the vagina and anus.

We find a complete imperforation of the orifice of the vagina, when the hymen stretches across this cavity without presenting any opening; this anomaly gives rise to little inconvenience until the age of puberty, when the retention of the menses, producing a train of symptoms extremely similar to pregnancy, renders an operation necessary. The imperforation of the anus is a malformation much more severe than that of the vagina; usually the anal orifice is closed by a prolongation of the skin, or by a fibro-cellular membrane continued from the external sphincter: a simple operation suffices to remedy these anomalies, and to re-establish the course of menstrual fluid or fæces. It may be remarked, that imperforation of the anus often coincides with an imperfect development of the genital organs, and especially with imperforation of the urethra. The imperforation of the vulva, which we should not confound with that of the vaginal opening, may be compared to the imperforation of the prepuce in man; it results from the union, more or less complete, of the great labia, and is interesting as it realizes in the human species the normal conditions of the male, and certain other mammiferæ. Imperforations of the openings situated at the superior extremity of the trunk, if we except the external ear and eyelid, are extremely rare. In the union of the eyelids we find, again, an example of the realization of an organic condition, which naturally exists for the period of fœtal life in a great number of beings, and in some for the whole period of their existence. Imperforations of the nostril and mouth are extremely rare, and generally accompanied with other anomalies, which reduce the individuals so affected under the head of monsters. The internal orifices, it is well known, may be closed as well as the external. The famous operation of Cheselden was directed to remedy an imperforation of the pupil. The imperforation of the orifice of the uterus results sometimes from the agglutination of the lips of the os tincæ; sometimes from the prolongation of the membrane lining the vagina. This anomaly conducts to one still more remarkable, viz., the obliteration of the cavity of the uterus. The alimentary canal is sometimes imperforate in one or more regions, usually near the anus, but never in its whole length. The imperforation occasionally results from the existence of a transverse membrane; sometimes from the application of the sides of the canal, which forms a solid chord. The records of science do not present us with any examples of imperforation of the cavities of the heart or of its openings.

We shall conclude this general history of anomalies from imperforation, with the account of a species hitherto little studied, but which presents the most remarkable condition, viz., a total absence of any opening at the inferior extremity of the trunk.

One would imagine, that a quick and inevitable death must invariably follow a complete imperforation of the urethra and rectum, but experience proves the contrary. The *Journal de Médecine* contains the history of a young girl of fourteen years of age, who presented externally no trace of genital organs, urethra, or anus, yet her general health was unaffected. Every two or three days she was attacked with uneasiness and pain at the umbilicus, accompanied by the vomiting of fæcal matter. A liquid analogous to urine was excreted by the mammæ. (Baux, in *Journ. de Médecine de Vandermonde*, t. viii, p. 59.)

We might be inclined to regard this observation of Baux as fictitious, had it been the only one of the kind which existed; but two other analogous observations contribute to add some appearance of truth to a fact otherwise incredible.

Bartolinus affirms, that he saw in Italy a man of forty years of age, robust and healthy, in whom no trace of sexual organs or anus could be discovered, who rejected periodically excrementitious matter by the mouth. This individual was also affected with extraversion of the bladder, and the urine distilled drop by drop from the neighbourhood of the umbilicus. This unfortunate individual, born

without any sex, was at first taken for a female, and baptized under the name of Anne, but after the age of puberty, the growth of a beard put an end to all uncertainty. (*Hist. Anat. Rar.*, cent. 1, obs. 65.)

Finally, Dr. Denys has lately published the observation of a case which, though belonging rather to pathology than teratology, may serve to throw some light on the former histories of Baux and Bartholin. An individual who, from his birth, had not been affected by any malformation, was attacked by paraplegia, and lost completely the use of the inferior extremities: after some time the anus and urethra began to contract, and at last were totally obliterated. This individual nevertheless lived for a number of years, rejecting by the mouth the excrementitious portion of his nutriment.

The history of these cases gives rise to various reflections, into which, however, we cannot permit ourselves at present to enter, but shall conclude with a remark deduced from the history of anomalous openings of canals, viz., that a malformation, of itself mortal when it exists singly, may cease to be so when it coexists with other unnatural conformations. It would seem that nature takes alarm at the existence of one remarkable vice of conformation which disturbs the harmony of the animal machine; while, on the contrary, when many anomalies, gravely affecting the functions, exist together, they seem to form a new but anomalous harmony, to us inexplicable. In this point of view we can conceive how life may be compatible with the existence of two imperforations, each of which, by itself, is quickly mortal.

Observations on the Illusions of the Insane, and on the Medico-Legal Question of their Confinement. Translated from the French of M. Esquirol, by W. Liddell, M.R.C.S. London. Renshaw and Rush, 1833. 8vo. pp. 89.

M. Esquirol is a physician of so great experience in the symptoms and treatment of insanity, that his opinions on the laws which should regulate the conduct of the sane towards those whose mental faculties are disordered or deluded, demand from us the most attentive consideration. On this account the diffusion of his sentiments in this country should be eagerly promoted, and we, consequently, regard the translation before us with much approbation. If, indeed, we reflect that insanity is an hereditary disease, that no branch of human disorder is less understood, or worse managed, in this country, and that the national laws on the subject are most vicious, abundant reason will be seen for promoting its study in England, in order that out of sound medical opinions just legal enactments may spring. It is from the want of such opinions widely prevailing that those wretched and cruel laws have been passed which deform our statute books. Not less than three consecutive acts of parliament have been enacted in five years to amend former laws for the regulation of the victims of mental derangement,—one in 1828, another in 1829, and another in 1832,—the last requiring emendations even greater than those for which the former were passed! Such is legislation in England! How turbid is the fount from which those legal streams flow which lave the shores of medical science!

Of Mr. Liddell's production, we may observe, that it has no faults to hinder us from recommending it. He has merely imposed on himself the labour of rendering the papers into English, adding a short preface and a few brief notes,—his opinions concurring throughout with the text, save where the French physician happens to inform the Academy to which his observations are addressed, that the Lord Chancellor of *Scotland* exercises the same jurisdiction over the insane in that country, as does the Lord Chancellor of England in this country.

M. Esquirol first points out the difference between the *hallucinations* and the *illusions* of the insane, and then illustrates the latter class of mental and sensual disorder by numerous anecdotes (for so they may more aptly be called) of deluded patients. From the following facts, he says, we learn that *illusions* arise from a disorder of both "*internal* and *external* sensations." The sight, for instance, is insane, and the diseased brain acts upon the impression experienced therefrom.

Delusion of the Sight.—"An artillery officer, twenty-seven years of age, of a sanguineous temperament, and of a strong and athletic form, was seized with an intermittent fever during the Prussian campaign. They made him swallow a large glass of brandy, into which they had mixed the gunpowder of two cartridges. He became mad immediately, and tore up everything that fell in his way, linen, wearing apparel, and bed-clothes; they were obliged to let him sleep upon straw. Feeling himself pricked he placed the straw in a ring, leaving in the centre an empty space, which he occupied: he now moved his head in every direction, blowing incessantly upon the straw which surrounded him, and screaming from time to time, as if to drive away menacing objects. This symptom continued night and day for more than three weeks. It was then discovered that he mistook the straws for the beaks of birds of prey that had wounded him. He blew upon the straw and screamed, in order to frighten away those annoying animals. Subsequently the same patient had new illusions. Soon after he retired to bed he tore it in pieces, and threw the straw of his palliasse, by handfuls, out of the chamber window, which was closed by blinds; and spoke from time to time as if he had been addressing horses. The noise of the persons whom he heard walking, was taken by him for the footsteps of horses coming to the window as if to a rack. As the straw was stolen as fast as it was thrown out, it continued to keep up the illusion."

Rage for Cold.—"The skin of some insane persons is dry, parched, rough, and burning, and badly performs its functions. These patients are indifferent to extremes of temperature. M. Pinel speaks of a maniac who filled his hands with snow, and rubbed his chest with it in ecstacy. The famous Térouane de Méricourt lived ten years at the Salpêtrière, in a state of madness. She used to throw two pails of water on her bed every morning and evening, and lie down immediately afterwards."

Horror of Copper. Supposed Worm in the Head.—"The *pains* which insane persons feel in the *different regions of the body*, are so many causes of illusion to them. Mlle. ****** at eighteen years of age, enjoyed good health, although still irregular. Soon after the events of 1815, she experienced a fixed pain on the top of her head, and very soon persuaded herself that she had a worm in her cranium, which was devouring her brain. The sight of copper almost made her faint, and her friends were obliged to remove from her apartments everything that was covered with gilding. She consented to walk with the greatest reluctance, because the dust raised by the pedestrians appeared to her filled with oxide of copper. Nothing could persuade her to touch a gilt candlestick, nor the cock of a fountain. After many months of unsuccessful treatment I was called to her. She was thin, her skin was discoloured, and she was very irritable. She sometimes refused to eat, slept badly, and had constipation of the bowels; she spoke at one time of her repugnances with liveliness, and at another time in tears. I endeavoured to gain her confidence by flattering her fancies, and by assuring her that I would destroy the worm which was the cause of all her complaints, if she had the courage to let me perform an operation, which would not be very painful to her. I so well succeeded in persuading her, that after one of my visits she made an incision herself, with a pen-knife, on her head. As soon as she saw the blood run she fainted. I was sent for immediately, and on my arrival I found the patient, who had recovered her recollection, very desirous that I should perform the operation of which I had so long spoken. The young lady's courage kept up that of her friends, who consented to the employment of the means which I had proposed. M. Bigot, the medical attendant of the family, made a crucial incision, of more than two inches in length, over the part affected, and allowed the blood to flow. We showed the patient a small piece of fibrin, which we assured her was the insect that had been the cause of her suffering so long. An issue was made in the middle of the incision and kept there for three months, when the fixed pain, illusions, and fears of verdigris, all disappeared together."

Cure and Relapse of an Illusion.—"Another woman complained of fixed and very sharp pains on the top of her head, which she attributed to an animal in it: she became insane in consequence, with a desire to commit suicide. I made a crucial incision over the part in pain, and showed her a piece of earth-worm, assuring her that it was the cause of her illness. After the operation, the woman showed her companions the animal that had been given to her, expressing her joy at being cured. But thirty-six hours afterwards they laughed at her, telling her that I made game of her credulity; she immediately tore out the issue which had been established, and the pains and illusions returned."

Madness and Rheumatism.—A general officer, who had suffered from rheumatism, became mad after some domestic trials. He attributed pains in his teeth to the sun, and threatened to exterminate the sun with his brave troops. Some-

times the pains attacked one knee; he would then seize with one hand the afflicted part, and with the other would strike it violently, calling out "Wretch, thou shalt not escape." He fancied he had a thief in that knee.

"I opened the body of an insane woman at the Salpêtrière, who said she had an animal in her stomach. She had a cancer of that viscus."

Religious Illusion.—Disorder of the Bowels.—Morbid Appearances.—"A woman had been porteress at the nunnery of Notre-Dame, and was very devout. The events of the revolution, and the cessation of the menses, deprived her of reason, and she was taken to the Salpêtrière, where she lived a great number of years. She fancied she had in her belly all the personages of the New Testament, and sometimes also those of the Bible. She used frequently to say to me, 'I can bear it no longer! when will there be peace in the church?' If her pains became more acute, she would add, with imperturbable coolness, 'They are crucifying Jesus Christ to-day; I hear the blows of the hammer as they drive in the nails.' She imagined also that the popes held council in her belly, and nothing could dissipate these ludicrous illusions. On opening the body I found all the intestines united by chronic peritonitis into one mass, and adhering very closely together by their peritoneal covering."

Sexual Delusions.—"The irritations and pains of the organs of generation are frequent causes of illusion amongst the insane, and particularly so with women, who have sometimes been induced to mutilate themselves in consequence. Women afflicted with erotic monomania experience all the phenomena of the union of the sexes, and fancy themselves in the arms of a lover or of a ravisher. An hysterical demonomaniac fancied that the devil, serpents, and other animals, entered her body through the external sexual organs. Hysterical women, who are insane, are sometimes disposed to attribute to their enemies and jealous persons the suffocating pains and constrictions of the throat which they experience."

Delusion of Hearing.—"I had under my care a young lady, whom the most trifling noise terrified, especially during the night. The footsteps of a person walking, however lightly, made her shudder; the wind caused her to tremble; and the noise that even she herself made by moving in bed frightened her, and obliged her to get up and utter cries of distress. I procured rest for this panophobist by keeping a light in her bed-room, and obliging a person to sit up with her all night."

Impressions created by Clouds.—"A lady, twenty-three years of age, afflicted with hysterical madness, used to remain constantly at the windows of her apartments during the summer. When she saw a beautiful cloud in the sky she screamed out, 'Garnerin, Garnerin, come and take me,' and repeated the same invitation until the cloud disappeared. She then mistook the clouds for balloons sent up by Garnerin. A cavalry officer imagined the clouds which he saw to be an army, led by Buonaparte to make a descent upon England."

Pictorial Illusions.—"I had under my care a young lady, who had devoted much attention to the arts and literature, and possessed a very active imagination. She was maniacal, and passed the night without sleep, enraptured with the fine pictures which she saw delineated on her bed and window-curtains, and expressing aloud her admiration. I succeeded in procuring sleep for her, by depriving her of light during the night."

Illusions of the Sight.—"I had under my care a monomaniac who generally ate voraciously. In fine weather he took his meals *in the open air*, when it was perceived, by the persons who waited on him, that he did not drink at all during his dinner. When the servant asked him to drink he flew into a passion, and called out snappishly, 'Do you wish me to swallow my brother?' Apprized of this circumstance, I went to the patient when he was at dinner, but I could not overcome his refusal to drink. Seeing my image reflected on the bottle which was on the table, I immediately removed it. A few minutes afterwards the patient drank, being no longer able to see his image reflected in the glass; for this had induced him to believe that his brother was shut up in the bottle. Reil relates that an insane lady having fits of excitement and even of frenzy, her maid wishing one day to quiet her, put her hands over her eyes, when the patient immediately recovered herself, was pefectly calm, and declared that she no longer saw anything. The medical attendant informed of this phenomenon, tried the experiment himself, and was convinced that her agitation was produced by the disorder of her eyes, which represented terrific objects to her."

Disordered Smelling and Taste. Treatment when Food is refused.—"Smell, like the other senses, deceives the insane. I have seen many restless and disturbed insane patients calmed by the introduction of an agreeable odour into their apartments. Almost always at the commencement, and sometimes in the course, of mental diseases, the digestive functions are primarily or secondarily affected. Such patients

ceive a bad taste in the food that is offered to them, which makes them conclude that it is poisoned, and they reject it with anger or with terror. These symptoms cease after a few days, either by diet or evacuations, when the gastric irritation is dispersed. The latter, which gives so much uneasiness to persons who are not in the habit of attending the insane, is by no means serious, and is very unlike the obstinate refusal of some monomaniacs, who will not eat, either to satisfy an absorbing idea, or from a desire to terminate their existence.* The refusal to take nourishment, amongst the latter, should be combated by every possible means, in order to overcome a resolution which threatens their lives; whilst we should leave to themselves those patients who refuse their food because their taste and smell are perverted by the disordered state of the digestive organs."

The second division of the work consists of a translation of M. Esquirol's paper on the "Confinement of the Insane," presented to the Institute on the 1st of October last. It abounds with judicious reflections, and discusses with excellent sense both the circumstances under which a deprivation of liberty should be enforced, and those which do not justify this extreme measure. He displays his views on these important subjects in the following order.

The safety of insane patients, and public order, often demand their confinement. Suspension of liberty, however, and the withholding of property, are steps so serious, that it is astonishing that the legislatures of all countries have not established rules by which the cases may be safely pointed out which require confinement, and the nature of that confinement precisely indicated. They have been ready enough to withhold liberty and fortune where insanity has been alleged, but have taken no interest in the health or after liberty of the victim. Is this the result of extreme difficulty in enacting a law calculated to amend the grievance?

The object of confinement is to modify the perverted direction of the mind and affections, and is the most powerful and useful means of combating mental diseases. Let us, however, first consider the question in a medical point of view, and then it will be easy to show what is wanting in legislation. If confinement be indispensable, it ought to be authorised by law. But if the science of medicine does not always order it, but points out precautions which will render this mode of cure more efficacious, then the law ought only to authorise it under *certain restrictions*. "This," says Esquirol, "is an important "question, for there are in France itself "more than 15,000 persons deprived of "civil and political rights, and of their "liberty, *without legal authority*."

The author then proceeds to discuss—first, the *necessity* of confinement, and, secondly, its *utility*, offering the following considerations and cases.

1st. All English, French, and German physicians who have studied mental diseases, decide that confinement is a means of cure. 2ndly. The insane are neither deprived of their sensibility nor their understanding. Their minds are clouded, but not destroyed, and may be restored to health. The penalty of confinement, therefore, has a probable end to justify its enforcement. 3rdly. Facts tend to show, that removal from home, and from the neighbourhood of objects which have surrounded the patient during the access of insanity, has restored the party to health. *Ex. gr.*

"M. ——, ætat. 47, was happy in his domestic circle until the year 1830, from which period he was much harassed to manage his affairs. In December 1831, after a very trifling loss, he grew melancholy; his face was flushed, his breathing difficult, and he shed tears, incessantly repeating that he was lost. On the next and following days he made several attempts to commit suicide, so that they were obliged to cover his apartment with wadding; he wished to strangle himself, tried to swallow his tongue, filled his mouth with his fist, in hopes of suffocat-

* "The difficulties which are experienced, in administering food to patients of this description, can hardly be conceived by those who have not had the management of them; by the use of the stomach-pump, however, these difficulties may, in some cases, be almost entirely obviated. Some time since I had under my care an insane patient, about 30 years of age, who had been subject to epileptic fits from his boyhood. He had occasional attacks of violence, when he would remain for several days without taking any kind of nourishment. On one occasion, after abstaining longer than usual from food, it was thought advisable to give it to him against his inclination, and for that purpose I suggested the use of the stomach-pump, which I introduced with little difficulty. He was fed in this manner for two or three days, when finding that resistance was in vain, he consented to take his food of his own accord."—*Translator.*

ing himself, and then refused all nourishment. At the expiration of six days the patient was brought to Paris, and intrusted to my care. From the moment of his arrival, all desire to commit suicide vanished, and the patient appeared restored to reason. 'The impression that I received,' said he to me, 'on finding myself transported to a strange house, cured me.' Three weeks seemed enough for convalescence, when his wife and son came to fetch him. Scarcely had he arrived at his home when he felt himself impelled by the same desires, in consequence of which he journeyed to Paris, transacted some business whilst he remained there, and appeared perfectly well. On returning to his home again he made fresh attempts to commit suicide, and endangered the life of his wife. Nothing could overcome his impulsions. He was put into a carriage, and on arriving at Paris, and being again confined, he became perfectly reasonable, and made no attempt to destroy himself during the six weeks that his second confinement lasted. There was reason to believe his cure complete. If he was asked why he did not overcome his terrible impressions at his own house as he did at Paris, he answered in an evasive manner, affirming that this time the trial had been long enough, that he was cured, and that he insisted upon returning home. 'Deprived of my wife and son,' said he, 'I am the most unhappy of men, and I cannot live.' 'But if you are so unhappy here,' said I to him one day, 'why do you not try to destroy yourself, as it is very easy to do so?' 'I know not,' he replied, 'but I am cured, and I wish to live.' This patient enjoyed the greatest liberty, and although no apparent precaution was taken to prevent his destroying himself, he never made the least attempt to do so. On returning to his home for the fourth time, although he was able to transact important business, the same phenomena returned with equal violence."

Mistrust especially haunts the insane, and affectionate and assiduous friends or relatives often produce an opposite effect to that which they design. In such cases the chief hope of destroying prejudices arises from change of situation. The new impressions which the patients receive, produce fresh ideas, and break the vicious chain which characterizes the delirium. The novelties excite their attention, and the influence of their illusion is at least suspended. Not knowing the persons who newly surround them, nor what to think, hope, or fear, from these strangers, they seek to study their characters, that they may know how to behave to them, and thus the first effect of confinement is frequently to make the insane more calm, and more reasonable; "so that," adds Esquirol, "the first moments of confine-"ment may be very valuable to the medi-"cal attendant, and it is, in fact, from this "moment that, with some patients, the "cure begins."

4. The privations which confinement enjoins, give rise to effects highly advantageous to the cure. Sometimes the loss of social enjoyments and comforts acts on the mind with such effect, as to produce an eager desire to return home, and a restoration of reason with that desire.

5. To the inmates of a madman's family, the sight of those acts which are committed by the insane may be highly prejudicial. A pregnant woman, who is easily excited, would run some risk by living constantly with a person who was mentally deranged, and the example to children and young ladies might become a predisposing cause of mental diseases.

6. Idiots should sometimes be secluded to preserve them from the raillery of the ignorant, and from being made the instruments of criminal purposes.

7. The insane poor ought generally to be confined, as their relations are without the means of procuring proper attendance for them.

8. The medicinal and dietetic means which seem to promise a cure, can often only be enforced during confinement.

Finally. Whenever an insane patient has been treated at home, for a longer or shorter period, in vain, confinement should then be tried.

It is not easy to compare the proportion of cases in which mental alienation demands seclusion, with the proportion in which it is neither required, useful, nor justifiable. But the latter is a very numerous class, and are thus adverted to by the author:—

"But shall we confine the insane patient, who enjoys a great portion of his reason, who has only partial delirium, and who retains almost all his moral sensibility? Will not the opposition which he is about to experience deprive him of that portion of intelligence which remains?

Experience has answered and has proved, that the insane rarely get well in the midst of their own families, and that their cure is more rapid and certain when they are treated from home. But who will dare to assert that confinement has never been prejudicial? *I frankly own that it sometimes is so*; for it partakes of the nature of those things, the best of which are not always free from inconveniences. What must we then conclude? That confinement should not be abused, that we should not apply it too generally nor too exclusively, and that it should be prescribed only by the experienced physician. Every patient who is delirious ought not to be confined; for acute and febrile delirium often puts on the appearance of insanity. It is easy to be imposed upon in this respect; and the error is not a trifling one, for it compromises the health of the patient, and exposes the medical attendant to censure. When we are called to a patient who is delirious, we ought not to be in a hurry to give an opinion. I have attended some cases in which I have *objected to confinement, although it appeared highly necessary*, on account of the violence of the delirium. This precaution would be superfluous at the commencement of a second attack of madness, or of intermittent insanity, and it would be prejudicial when there is a tendency to suicide.

"It does not follow that confinement should be prescribed for all insane persons; for if the delirium is partial or transitory, if it relates only to objects of indifference, and is unaccompanied with violent passion; if the patient has no aversion to his home, nor to the persons with whom he lives, and his delirium is independent of his domestic habits; if his real or imaginary causes of excitement are not to be found in the bosom of his family; if the fortune or life of the patient, or of his friends, is not compromised, and he submits to the proper means of cure; in all these cases confinement may be *useful*, but *is not indispensable*. If the patient, retaining a large proportion of his intellect, has a great attachment to his relations, it is to be feared that confinement might aggravate the disease.

"Persons in a state of *fatuity* have only need of attention, and may remain with their friends unless peculiar circumstances, involving other parties, should render separation necessary. Idiots having nothing to hope from confinement: if they are shut up, it is only to preserve them from the accidents to which their condition exposes them."

Of the length of time to which confinement should extend, M. Esquirol briefly says, as an introduction to two cases, which we need not quote,—

"It is not easy to determine at what period confinement should cease, for those who have had experience in cases of insanity, have been tardy in giving an opinion on this subject. How many individuals, apparently cured, have relapsed by returning to their families too soon! How many have become incurable by the same precipitation! I can affirm, that I have seen many less accidents, and fewer returns of delirium, by protracting the confinement too far, than by allowing it to terminate too hastily. Some individuals, after having entirely recovered their reason, are afraid to return to their friends; but the greater number of convalescents are very desirous to do so."

On the nature of the confinement, and the effect of *travelling*, he observes,—

"As confinement is not expedient for every insane person, so all patients ought not to be submitted to the same mode of confinement; just as in other cases, the practitioner must vary his treatment according to the habits of the individual, and the period of the disease. We partially confine an insane person by allowing him to remain in his own house, and removing his family, friends, and servants; and we make his confinement complete by placing him alone in a strange house, and causing him to be waited on by persons unknown to him. But the sort of confinement to which recourse is more generally had, because within the reach of all persons, consists in placing the patient in a house set apart for the treatment of mental diseases.

"Travelling with relations or friends has been useful in some cases of madness but it has been still more successful with strangers, particularly in monomania and lypemania. I often prolong the confinement of convalescents, by making them travel; and it is the best means of confirming their cure. It is an excellent medium between the deprivation of liberty, and the return to its entire possession; between their separation from society, and their re-entrance into the world."

M. Esquirol concludes his observations with some remarks on the regulations which should be observed previous to the admission of any person alleged to be insane, into either a public or a private asylum, with the professed object of their recovery, for there are "facts to prove that individuals of sound mind have often been

shut up for bad purposes." We shall not extract from this portion of the volume. It is directed to the state of the law in France.

Though we have gleaned nothing that is very new from this volume, yet it has afforded us an opportunity of drawing attention to a subject which is seldom ably discussed, and never, probably, has been treated by a more *experienced* observer. Thirty years ago the admonitions of Esquirol, addressed to the French Government, led to the abandonment of a measure which was about to be introduced relative to the legal treatment of the insane.

THE LANCET.

London, Saturday, June 29, 1833.

WHATEVER may be the sins and failings of the incorporated medical monopolists, it must be admitted that the charge of inconsistency cannot be imputed to them. They maintain an unabated perseverance in dishonesty. They fight like bandits. You find them in ambush, and dirty lanes; they extort your money under the falsest pretences. If the Worshipful Society of Apothecaries were accessible to a feeling of shame, would they now, at the eleventh hour of the contest, unblushingly stand forward as the utterers and abettors of falsehood? Aware of their degraded position, conscience-stricken at their numerous misdeeds, they know, full well, that it is not in their power to gain over a single legislator to their cause, except by resorting to practices which would be wholly rejected by honourable disputants. Never was there greater effrontery displayed by any band of intriguers than is exhibited by the Worshipful Company, when they allege that the enactment of the Bill introduced into the House of Commons by the Hon. GEORGE LAMB, would destroy the Company's power over unqualified practitioners of medicine in England and Wales. Fortunately, the allegation is so distinct, that we are enabled to bind the Society down to it, and call for such an explanation as shall amount to a justification of the daring statement. If the proposed measure contained any clause for the annihilation of a power which might prove salutary in the suppression of quackery, that provision would receive our unqualified opposition. Instead of repealing the laws against unlicensed practitioners, the penal statutes which already exist, affecting quacks and other slaughtering pretenders, ought to be strengthened in a tenfold degree, so that the community might be secured against the evil practices of men whose avocations are not less pernicious than are those of the incorporated monopolists,—fit coadjutors in deception and crime.

In calling on the Worshipful Society to point to one line of the new Bill which tends to *diminish*, much less to destroy, the power which, by the Act of 1815, they can at this time exercise over the *unlicensed* practitioner, we are actuated only by a sense of duty to the Legislature, and by an earnest desire to prevent our professional brethren from coming forward as the supporters of an interested gang of monopolists. It should be recollected that impudence is not argument, and that assertion is not fact. As the Bill has for some weeks past been before the legal advisers of the Worshipful Company, if it contained one clause, or one word, which, by even a forced construction, could be considered as a repeal of the penal portion of the statute of 1815, would not that clause, or that word, have been exhibited to every member of the Legislature, to every licentiate of the Company? Undoubtedly it would, and we should have heard of little else.

Instead, however, of adopting a manly, straightforward course, the Worshipful

Company have set their agents in motion in every part of the kingdom, and have succeeded, in a few instances, in cajoling some respectable men into a belief that the new measure is designed as an instrument for the total repeal of the only useful portion of the Act of 1815. But the delusion thus practised has been only of short continuance. The practitioners who were thus grossly deceived, have acknowledged the mistake into which they had fallen, and with characteristic integrity and fairness, have pointed to the authors of the scandalous falsehood. So disgusted were the members of the "Associated General Practitioners of England and Wales," who met at the *Crown-and-Anchor* on Friday last, that they adjourned their meeting to some day in July, thus withholding that support from the Company, which they were at first inclined to afford on the supposition that the proposed Bill was brought forward in order to accomplish the total repeal of the restrictive clauses of the Act of 1815. Conduct like this is calculated to uphold the character of the profession, and to wipe out the stain on the high-mindedness of medical practitioners, designedly inflicted by the disgraceful proceedings of Rhubarb Hall.

Happily, we are relieved from dwelling on this portion of the subject, as the Worshipful Company have furnished a clear illustration of the barefaced effrontery of their own assertions. Had there existed in the Amendment Bill the alleged repeal clause, would not the Company have stipulated for its erasure? For it should be known, that the agents of the monopolists of Blackfriars and Lincoln's-Inn Fields, have had a "conference" with the Parliamentary promoters of the Bill. We blame not the UNDER SECRETARY for having allowed these parties to visit him in his legislatorial capacity, but we entirely dissent from the propriety of his acting on a single suggestion which could emanate from such interested individuals. When before that honourable gentleman, however, they did not dare repeat the allegation that the amended Bill would, if enacted into a law, destroy the power which the Company can enforce against unlicensed medical practitioners. But the whining old ladies, the discomfited retailers of jalap and salts, deign to act in concert with the "certificate" hucksters of Lincoln's-Inn Fields, the "sound-chirurgical" mongers. Hence the Bill, when it was recommitted on Monday evening last, on the motion of the LORD ADVOCATE, to a select Committee of the House of Commons, exhibited the following clauses,—clauses introduced at the special suggestion of the two gangs of monopolists,—the part of chief ear-wigger on the occasion having been enacted by Mr. GUTHRIE, a gentleman who is better known by the title of "the modest author."

"And be it further enacted, that every person who has obtained, or who shall hereafter obtain, the Diploma of either of the Royal Colleges of Surgeons of London, Dublin, and Edinburgh, or of the Faculty of Physicians and Surgeons of Glasgow, shall, upon the production of such diploma and a certificate of his having attended for at least twelve months at the laboratory of a surgeon or apothecary, or of a public hospital or dispensary, be admitted to examination by the examiners, appointed by the master, wardens, and society of the Apothecaries of London, for the certificate of his qualification to practise as an apothecary.

"Provided always, and be it further enacted, that such examination shall be confined to the subjects of the theory and practice of physic, pharmaceutical chemistry, materia medica, and botany."

Now observe. In those clauses of the Bill, in which it was proposed to emancipate the diplomatists of the three Colleges of Surgeons, and of the Faculty of Physicians and Surgeons of Glasgow, all the words relating to those institutions were *expunged* at the earnest solicitation of the monopolists, and thus the Bill, whilst it in principle professes to pro-

vide an antidote for the removal of a bane which has grievously afflicted the members of all the Colleges of Surgeons since 1815,—while, we repeat, this Bill, in *principle*, professes to bring forward a potent remedy for a grievous wrong—in *detail* it *expressly stipulates for the continuance and perpetuity of the wrong doing*! It is to be regretted, that when Mr. GUTHRIE was urging his claims to the consideration of the UNDER SECRETARY OF STATE, that some gentleman was not at hand to tell MR. LAMB, that Mr. GUTHRIE and his colleagues had so misconducted themselves as the Council of the College of Surgeons, that they had excited the indignation of the whole profession, and that petitions praying for inquiry into their flagrant malpractices, signed by hundreds of the members of the College, had long since been laid on the table of the House of Commons. Possibly Mr. GUTHRIE would not have been checked in his career of persuasion by any such announcement, but at any rate Mr. LAMB would have been instructed that it was possible that he might be listening to *tainted testimony*.

As Mr. GUTHRIE appears to delight in parliamentary pursuits, we feel much pleasure in directing his attention to the following "Notices," extracted from the "Orders" of the House of Commons, dated June 22nd, 1833, when he will quickly perceive that a scheme of operations, in which his best energies will be required, has been devised by MR. WARBURTON, through whose zeal and ability these appropriate "orders" were framed and obtained. Avaunt then, Mr. GUTHRIE, from the purlieus of Apothecaries Hall, and render an account of thine own stewardship, as one of the Council of the College of Surgeons. Tell us how you and your colleagues have expended three hundred thousand pounds of the public money, since you were chartered in 1800; or, at any rate, let us know how you have appropriated nearly one-third of that sum which you have abstracted from the pockets of medical students since the 1st of January, 1823. To thy Battish haunts, then, Mr. GUTHRIE, and think no more of ear-wigging under Secretaries of State. Mr. LAMB, henceforth, will be deaf to all thy entreaties.

"House of Commons, Die Junii 22, 1823.

PHYSICIANS' COLLEGE.—"Copy ordered of the regulations or by-laws under which Graduates in physic have been admitted as Fellows of the Royal College of Physicians of London since the year 1771.

"Accounts of the number of the persons who have been admitted as Fellows of the Royal College of Physicians in each year since 1771, distinguishing the number admitted under each by-law, and also the number rejected.

"Of the number of persons who have been admitted as Licentiates of the Royal College of Physicians of London, from 1st January 1823 to 31st December 1832.

"Of the money which has been received by the Royal College of Physicians from persons admitted as Licentiates from the 1st January 1823 to December 1832, and of the manner in which it has been appropriated."

SURGEONS'.—"Accounts ordered of the number of persons who have obtained diplomas from the Royal College of Surgeons of London, Edinburgh, and Dublin, in each year, from 1st January 1823 to 31st December 1832.

"Account of the money which has been received by the Royal College of Surgeons of London, of Edinburgh, and of Dublin, for Diplomas granted to persons who have been examined from 1st Januury 1823 to 1st December 1832, and of the manner in which it has been appropriated."

The poison which has been designedly instilled into a measure framed with considerable liberality, will be instantly detected and extracted by the able and impartial analysts, who have been appointed by the House of Commons to investigate and report on the Bill on its recommittal. The following list embraces those members of the House on whom this important duty will devolve. Need we say that the majority of the names gives us the fullest assurance of the integrity and

judgment which will characterise the report which these gentlemen will feel it to be their duty to present to the House? In this instance, *at least*, the defeat of the monopolists is certain.

Mr. Lamb.	Mr. J. Oswald.
Col. Wood.	Mr. Goulburn.
Mr. Abercromby.	Mr. F. Lewis.
Sir J. Hey.	Mr. T. Gladstone.
Mr. F. Kennedy.	Mr. Serg. Perrin.
Sir R. Inglis.	Mr. Brodie.
Mr. Warburton.	Mr. Ord.
Mr. Hawes.	Mr. E. Stanley.
Mr. Hume.	Mr. H. Hughes.
Mr. Shaw.	Dr. Baldwin.
Mr. Ewing.	Mr. Hurst.
Mr. Romilly.	

If the present discussion should terminate by relieving the members of all the Colleges of Surgeons from the *surveillance* of the Company of Apothecaries—thus rendering the Bill a general and not a partial measure—and also, by subjecting unlicensed chemists and druggists, who may dispense the prescriptions of physicians, to the penalties which are now enforced against "unlicensed" apothecaries, it will be received with satisfaction and gratitude by almost the entire body of the profession in Great Britain and Ireland.

Within the last fortnight, several cases of cholera have appeared in the Parisian hospitals, particularly the Hôtel Dieu; the leading symptoms are identical with those which characterised the malignant or Asiatic cholera, but they are intermixed with some of the appearances usual in the ordinary cholera. Many of the physicians are inclined to regard them as isolated cases of the disease which prevailed epidemically; while others think that the common cholera may be so far influenced by a remnant of the epidemic disposition, as to simulate strongly the Asiatic disease.

Provincial Medical and Surgical Association.—The first annual meeting of this "Association" will be held at Bristol on the 19th of July next. An advertisement thereof appears on the wrapper of our present Number.

MEDICO-DRAMATIC SKETCHES.

No. II.

Scene 1.—*Board-room of the Society of Simples, Disunion Street, Crutched Friars.* Mr. Christopher Crabs'-claws, Mr. Album Græcum, *and* Mr. Deadly Nightshade, *seated at a Table.*

Crabs'-claws. (*Poring over a Newspaper.*) Humph! What the dickins would the medical radicals be doing? They have long been kicking up a dust, and have now set all London in an uproar.

Græcum. They have indeed, and their motive and object can hardly be mistaken; the former being envy, the latter, plunder. Every jack-rag of them is coveting professional advancement, and nothing will satisfy them but the demolition of the existing corporations, the establishment of new ones, and a general scramble for the honours and appointments.

Nightshade. It seems so really; and all this, I fear, comes of over-educating the medical profession. In my time, a seven years' apprenticeship, enabling a youth to make a tolerable acquaintance with officinal simples, and to become a dexterous manipulator of pills and boluses, with a sufficient knowledge of Latin to construe "*propria quæ maribus*," and "*as in præsenti*," constituted the only necessary qualifications for a respectable apothecary. Now your modern Galen must be the scholar and fine gentleman. He must read Virgil and Celsus off-hand, study botany in Chelsea Gardens, and chemistry at the Royal Institution. Thus, as Pope says, "All quit their sphere, and rush into the skies." Your Court of Examiners are over-much severe. I have seen its curriculum, and it is really awful. I marvel how it comes that you, my friends, who have each numbered nearly as many summers as myself, could so modernize your stock of knowledge, as to qualify yourselves for the task of examining candidates in so many abstruse sciences!

Crabs'-claws. Be assured, Mr. Nightshade, I am as great an advocate as yourself for the good old-fashioned innocent mode of educating an apothecary. What good comes of so many innovations and refinements? Many of our vaunted new chemicals are either inert or poisonous, and they have not abated one jot of my adoration for *pulvis e chelæ*, *guttæ vitæ*, *spermaceti* (which last, by-the-by, Hotspur said was the "sovereign'st thing on earth for an inward bruise"), and many other valuable but neglected preparations of the old school. So would contend my old friend Charles Nevinson, were he alive,

whose bag-wig, ruffles, and satin breeches, were once the pride and glory of this board-room. As an examiner, however, I am obliged to conceal my old predilections and prejudices; for, if in this mad-brained age of intellectual cultivation, we of the examining staff did not evince some little acquaintance with modern medical lore, we should appear as musty and worm-eaten as so many old pieces of Turkey rhubarb. To enable us to discharge our arduous duties at the Hall, we meet occasionally for mutual improvement, when we interrogate, catechise, and cross-question one another in the various branches in which we examine candidates; and we generally conclude the business of the evening by stringing together a few sets of questions and answers, which we learn by heart, and thus prepare ourselves for conducting the solemnities of an examination.

NIGHTSHADE. Well, you have told me some secrets, and droll enough they are. Although I am no reader of the moderns, I have heard of the *School for Adults* by one Mr. Hood, and your meetings remind me of it. That facetious person would call you "unlettered grey-beards," "gentlemen of a grave age forming themselves into preparatory schools," "hoary abecedarians," and "patriarchal ignoramuses." As for your examinations, they would seem to be conducted after the manner of a drama (I mean genteel comedy of course), inasmuch as every performer gets his part by heart before he rehearses it.

CRABS'-CLAWS. Just so, just so. (*He again glances over the newspaper.*) Are you aware, friend Græcum, that the Scotch dubs are petitioning for an amendment of our Act, and that they are likely to be joined by the members of the London College of Surgeons? It is said, that even many of our own licentiates join in these refractory movements. The latter, indeed, bespatter us with no small portion of vulgar abuse.

GRÆCUM. Yes, I have heard of all these matters. But we shall find that the Scotch dubs will be left to vegetate on their own dunghills, the surgeons localized in their proper shaving-shops; and as for our own renegade licentiates, the dirty dogs who have befouled their own kennels, I cannot sufficiently express my disgust of them. Alas, how have they degenerated from the parent stock—the good old race of decent Mithridate-loving pharmacopolists!

NIGHTSHADE. Fair and softly, friend Græcum; I am not of the court, but yet I stand pretty high on the livery; I therefore consider myself entitled to speak on this subject. I would say, then, that the court has evinced great indiscretion in determining on the qualifications of candidates. As I before remarked, of what use to a young apothecary is an abundance of Latin, or chemistry, or botany, or any other of your fine-phrased sciences, but to make him pedantic and conceited? My own knowledge of the classics is just enough to enable me to render in contracted Latin the English names of our officinal preparations. Of botany I know sufficient to enable me to discriminate hemlock from fool's parsley,—of chemistry, to distinguish oxalic acid from Epsom salts. This I maintain to be an ample stock of knowledge for an apothecary. As a proof of it, I have for the last forty years carried on a thriving trade at the West-end, which has produced me great wealth and reputation, and am now about to retire, in the full expectation of selling the good-will of my practice for a couple of thousand pounds.

CRABS'-CLAWS. Be assured, Sir, that, at the bottom, I abominate that parade of supererogatory learning which our court makes in its curriculum. I am for simplicity and plain English in everything; but then, you know, to be an examiner to the Worshipful Society of Apothecaries is a great and distinguished honour, and one which, in this boasted age of intellectual refinement, requires a little of the glare and tinsel of learning to give it *eclat*, and set it off to advantage. I assure you, I found the business of examining very awkward in the beginning; I could not be at home with the new nomenclature, and, in questioning candidates, was continually saying for *Mindererus' spirit*, "Liq. ammon. hash-a-taty;" for *calomel*, "hydrarg. sub. merryass;" for *mel. aag.* "mel-despupomatum;" for *lobelia inflata*, "*lowbelly inflater*," and making many other ludicrous blunders. Thank God, however, I have now, by a little practice and the help of a grinder, overcome these difficulties. As to——

(*A message arrives from the Beadle's office to* MR. NIGHTSHADE, *requesting the honour of his attendance on a gentleman, who was waiting to see him.* NIGHTSHADE *motions to leave; the others follow, and all stroll to the office.*)

SCENE 2.—*Beadle's Office. Enter* NIGHTSHADE, GRÆCUM, *and* CRABS'-CLAWS. *A stranger in conversation with* MR. SOOTHSAYER, *the Beadle, who bows obsequiously, rubs his hands, and introduces him to* NIGHTSHADE *as an applicant for his practice. His name* "Mr. Medical Democracy."

SOOTHSAYER. (*Flippantly.*) I hope, gentlemen, to be the means of effecting a bargain between you. Eligible concerns

and responsible applicants are both scarce at the present day. (*Rubs his hands, fingers his chin, and looks expectantly at the parties.*)

Græcum. We beg pardon, Mr. Beadle, we merely strolled in here for a little gossip. By your leave, friend Crabs'-claws and myself will retire.

Nightshade. By no means, Sir, you may be of use to both parties in the negotiation, as you both know something of my concern. (*To Mr. Democracy.*) Well, Sir, now to business. I understand you have been in communication with Mr. Soothsayer relative to the purchase of my practice. Be assured, Sir, that it is a perfect gem. It is situated at the court-end of town, and includes some of the very cream of the aristocracy. The proceeds are 2000*l.* per annum, and I offer it at one year's purchase.

Mr. Democracy. Excuse me, Sir, if before we talk of dealing, I allude to the probability of a practice so large as yours being injured by the expected alterations in medical law. Should these take place, the town will be so deluged with Scotch graduates, that competition will be greatly increased. I believe I shall require time to consider the matter.

Nightshade. (*Pettishly.*) You had better take my practice, Sir, and allow medical reform to take care of itself. I—

Crabs'-claws. (*Interrupting him.*) Pardon me, Mr. Nightshade, but I think I can put a spoke in your wheel. I and my friend Græcum are examiners to this Hall, and we can assure the gentlemen that the malcontents will never attain their objects. We, who erst were medical Tories, are now turned Whigs, and through the interest of Sir Henry Halford with the Chancellor, are confident of defeating the triple hydra, Wakley, Hume, and Evans.

Mr. Democracy. I doubt the use of your resistance, maugre the Castor-and-Pollux-like intimacy of Sir Henry and Lord Brougham, those twin stars of the Pall-Mall East constellation, the gemini of the College heavens. If you rely on Brougham, I tell you, by the Lord Harry, you will not succeed.

Crabs'-claws. (*Aside to Nightshade.*) By gar, you have not got a novice to deal with. Keep him to his point, don't let him wander into such adverse topics—he will pose us all. (*To Mr. Democracy.*) Young gentleman, you seem addicted to punning; forbear such trifling, and proceed to business. Nightshade's is a valuable concern; don't lose the chance, then, but endeavour to secure it.

Mr. Democracy. It may be prudent to wait the result of matters.

Græcum. Wait, eh! wait for what? Don't alarm yourself with the idea that the medical reformers will succeed in capsizing our excellent medical constitution. We dare them to the fight; we will meet them tooth to tooth and nail to nail.

Mr. Democracy. Excellent constitution! ha! ha! So excellent as to be perfect *caviare* to the medical reform multitude, and you seem at home in dispensing that article. As to your valour, it may probably out-Herod your discretion. Remember Shakspeare. He says, "They are foolish *curs* that run winking into the mouth of a Russian bear, and get their heads crushed like rotten apples: that's a valiant flea that dare eat his breakfast on the lip of a lion."

Græcum. (*Aside to Crabs'-claws.*) D—n the fellow! there's no coping with him. Do you have at him again, Crabs'-claws.

Crabs'-claws. Sir, we are confident of success. We shall be enabled to preserve the *integrity* of our charter, retain our offices and emoluments, and prevent an irruption of Scotch graduates and other "improper persons."

Mr. Democracy. Aye, your offices and emoluments. Those, I opine, are the chief objects of your solicitude. But your "itching palms" will not much longer be gratified. Shortly we shall be enabled to address you in the words of Romeo to the *Mantuan* poison-vender:—

> "The world is not thy friend, nor the world's law;
> The world affords no law to make thee rich."

Crabs'-claws. (*Aside to Nightshade.*) Its of no use our arguing with him. The fellow beats us with quotations from Shakspeare.

Soothsayer. (*Seeing their embarrassment.*) Dear gentle men, we are losing time. I must bring you together, if possible. Come now, Mr. Democracy, be alive,—it's a capital opportunity, depend on it; you may carry on in Delusion-Street a pretty little stroke of business. (*Jingles the silver in his breeches' pocket significantly*).

Nightshade. Why, yes, I am anxious to close with the gentlemen; but first, allow me to observe, that should the reformers by any chance succeed in their views, perhaps the Society of Simples may be merged in the London College of Medicine or some other new institution, and all parties be thus satisfied. There must be, of course, an understanding that the Scotch slaves be not emancipated. However, if they should be, they will not succeed as apothecaries in this town; there is a great prejudice against them.

CRABS'-CLAWS. The idea is a good one; it would be only doing justice to connect us of the old corporations with the new ones.

Mr. DEMOCRACY. Your scheme would be the ruin of the new establishments, and, probably, you suggest it with that view. It would be akin to the barbarity of Dementius, who tied the living to the dead, that the stench of the dead might kill the living. No, no, the reformers are not prepared to throw a sop to the Cerberus. They will have no communion with you; but regarding you as things noxious and venomous, they will stir you up altogether in their great reform caldron, and make Macbeth's broth of you. There you may "boil and bubble" as long as you list.

ALBUM GRÆCUM. (*Aside to Nightshade.*) I declare I have not patience to hear him further. He must be one of the dregs, one of the very *canaille* of the profession. Good morning, gentlemen. (*Exit hastily.*)

NIGHTSHADE. Our friend Græcum is most unfortunate in his mode of doing business. He is always harsh, and sometimes coarse and vulgar. A very Marplot.

CRABS'-CLAWS. He is so. I like to hear matters of this sort discussed smoothly and temperately. In such discussions, we should as patiently rub down all asperities as we do in triturating red precipitate with axunge porcinæ.

(NIGHTSHADE *rises and advances towards* SOOTHSAYER, *who is sitting at his desk, and tells him he fears that* Mr. DEMOCRACY *is a rum customer, but to nail him if he can. He then slips out of the office unobserved.*)

CRABS'-CLAWS. (*To Mr. Democracy.*) Well, Sir, I must leave our worthy beadle and you to make a deal of it, if you can. At parting, I take leave to remark, that your observations on our corporations and their functionaries have appeared to me somewhat unreasonably severe.

Mr. DEMOCRACY. To you and your *confreres* very probably they may, but they would not appear so to the great body of the profession, or to the public at large. They know that your sins have been great, and that the day of retribution is at hand. Even now your honours are consuming away—the moth is fretting your garments. You will soon be called to your last account, and may the Lord have mercy on your souls.—(*Exeunt.*)

Z.

Wiltshire, June, 1833.

MEETING AT BATH.

THE APOTHECARIES-ACT-AMENDMENT BILL.

To the Editor of THE LANCET.

SIR,—You are fully aware, I believe, that the Apothecaries Company is moving all the strings of its machinery to defeat the Amendment Bill. Meetings at their instigation are now taking place, wherever they possess sufficient interest and influence to promote their views. One in this city I attended a few days since, at which a variety of resolutions, and a petition to both Houses of Parliament founded on them, were agreed to. It embraces—

1st. *An acknowledgment* of the good effected for the public by the Company since its incorporation by charter. I concede that great benefit has resulted from its establishment, but not so much as there ought to have been; but I assert confidently that no little evil has fallen on a large branch of the profession by its existence.

2nd. *A belief* that the Bill in progress will entirely nullify the power of control possessed by the Company over unqualified persons. I deny that such will be the case; though some plausible and ingenious arguments have been used to establish this position, nothing solid or rational has been propounded.

3rd. A call for full inquiry into all universities and colleges of medicine and surgery—that on the report therefrom resulting, a uniform law may be made to include under its operation the whole of the United Kingdom. Now were this done at once, and there were reason to believe that a few months delay would ensure that very desirable end—uniformity of law, my desire to promote the Amendment Bill would cease. But, Sir, there is no prospect of any such event; and even were a commission at once appointed, we could expect no speedy law on the subject, while, during the interval, the evils which now oppress a large body of the profession would continue. One word as to inquiry. Do gentlemen who cry out for it, forget the commission sent to Scotland a few years ago? As far, therefore, as that part of the kingdom is concerned, no information is wanted.

4th. A deprecation of any partial legislation on the subject. Premising that much liberality of sentiment prevailed at the meeting, the competency of Edinburgh and Glasgow graduates and licentiates to practise as general practitioners having been admitted, and as, certainly, those individuals are promised to be most bene-

fited by the intended law, this part of the petition appears tantamount to saying, "We admit that many evils exist, you are anxious to remove some of them, but we are opposed to any relief which is not *entire*. We desire nothing, unless you give us *all* we want."

If the thirteenth clause contained, as you suggest, "Great Britain and Ireland," instead of "Scotland," the charge of partiality, on which *ostensibly* the friends of the Company rest their opposition, would fall to the ground; for, certainly, as the Amendment Bill now exists, there is no reciprocity between England and Ireland, though it is fully evolved between them and Scotland; but let the Bill pass in its present form, and a very large portion of the profession will get immediate relief. This being granted, surely we cannot suppose that there is any remaining part of it, though unrelieved from their sources of grievance, so selfish as to oppose the grant of relief to others, merely because they are excluded. Besides, of this I am persuaded, that those who are now so near emancipation from a cruel tyranny, will gladly aid in the procurement of similar advantages for those who may not now be so fortunate, though I do not despair of their participating in the good given by the Amendment Bill, as in committee in the Commons, or in the House of Lords, the alteration in the thirteenth clause mentioned may easily be introduced. On going to the meeting, I had no intention of communicating with you, or this letter might have been more full of detail. I hope I have made no mis-statement. If there be any, it is unintentional, and its correction will oblige your occasional correspondent,

AN INVALID SUBSCRIBER TO THE LANCET.

Bath, June 22, 1833.

WESTMINSTER HOSPITAL.

INSANITY.—CUT THROAT.—DISSOLUTION.

EDWIN BUE, ætatis 38, a native of France, and a carver and gilder, resident at No. 1, Euston Street, was admitted February 19th, 1833, under Mr. Guthrie. When he arrived, a rough jagged wound was observed athwart the throat, about four inches in length, and penetrating into the trachea. The face was blanched; the left eye closed by an emphysema, which occupied the whole of the left side of the face; the pupils were dilated; the trachea was completely divided. The patient lost a considerable quantity of blood, principally, if not entirely, venous, immediately after the infliction of the wound, and but little or none after his admission into the hospital. Mr. Guthrie was going his rounds at the time the patient was taken in, and seeing him, remarked that the *thyroideal veins* were cut, and were the source of the hemorrhage. The man breathed altogether through the wound, and was consequently unable to articulate. He was laid on his back in bed, and his head was kept forward by pillows, and secured by bandages and rollers fastened round the head and the thorax, and communicating between them. By this means the lips of the wound were placed and kept in contact. A little adhesive plaster was applied to the corners of the incision, and a piece of fine muslin lightly laid over it. No sutures were used. Mr. Guthrie directed the wound to be re-opened in case of the occurrence of any oppression in the breathing, or of emphysema of the neighbouring cellular membrane. The pulse was small and quick, 120.

The patient had for a long time been earning wages to the enormous amount of eight guineas per week. He lived, however, in the most penurious manner, subsisting entirely on black-puddings and bread, and, in order to purchase these articles of diet at a cheap rate, he bought them in such large quantities, that before they could be consumed, they became mouldy and musty. For any beverage better than water, he was indebted to the commiseration of his fellows. He was a married man, and had one child, for whom he was anxious, at the expense of every comfort, to accumulate a property, and it is said he has succeeded in saving *some thousands*. He repudiated his wife some years ago, and has since occasionally cohabited with the wife of another man, but their intercourse has been anything but a peaceful one. The low diet on which the fellow lived, kept him always in that state which Mr. Abernethy has called "the irritation of debility," a condition of the most painful sensibility to all impressions, whether mental or mechanical. A day or two previous to his suicidal attempt, one of his companions was treating him at a public-house to a glass of the *veritable eau de vie de Cognac*. Whilst in the act of drinking it, the husband of his paramour touched him on the shoulder. This threw him into the most painful perturbation, and the brandy was spilt all over him. The man whom he had injured, however, was in an amicable mood, and the spirit of discord was drowned in a friendly goblet. Bue, notwithstanding, did not recover his tranquillity, and on his return home he was again thrown into a paroxysm of anxiety, by discovering the handkerchief

of the same man in his pocket. His mind immediately became possessed with an idea that a conspiracy was formed against him, and his mental torture increasing hourly in intensity, became at last too exquisite to bear, and led to the effort at self-destruction.

Symptoms of suffocation came on in half an hour after the throat was dressed as above described, but they were relieved by sponging away the mucus and blood which had collected in the windpipe, and which the efforts of coughing had brought up. During the paroxysm of dyspnœa, the pulse rose to 140. The nurse was directed to watch the patient assiduously.

2. The patient passed a restless night, sleeping, however, occasionally. Towards morning he sprang up, and attempted to tear off the bandages, but was prevented. Gruel was given him last night, and tea this morning, both passing easily through the pharynx and œsophagus, and none flowing out through the wound. He is still rather restless, attempting to speak, and rolling his head about. Pulse stronger, 110. He looks more tranquilly; pupils less dilated. The bandages were reapplied and more securely fixed. The patient appears to be wandering, his attention being occupied by some imaginary object.

21. The bowels not having been opened since his admission, he had administered to him an aperient powder of jalap, scammony, and calomel, followed by a dose of castor oil. These did not act, and two injections were given, and by these he was freely purged. Cough and difficulty of breathing came on towards evening; ten ounces of blood were in consequence abstracted, and great relief effected. He was unable also to void his urine; a catheter was therefore introduced, and a pint of fluid drawn off. In the course of the evening he spoke for the first time so distinctly as to be readily understood.

Eleven a.m. His bowels are still freely open; he has passed his water without the aid of the instrument; he is free from cough; pulse regular, not full, rather quick, 100. He lies tranquilly on his back. The bandages were loosened by the nurse, and the edges of the wound are seen to be more approximated than yesterday. A degree of emphysematous crepitus may be distinguished on the anterior and upper surface of the chest, extending downwards as low as the third rib, laterally to the axilla, and upwards as far as the inferior lip of the wound. He speaks now and then in a low tone: he talks to himself continually, and his mind is manifestly absorbed by a number of delusive objects, and yet he is quite aware of the presence of any person, and answers questions promptly, though almost always incoherently. He has been seen by Mr. Guthrie, who directed the wound to be kept more open, to allow of a free entrance and exit to the air, and as far as possible to prevent the formation of more emphysema.

22. The patient passed a very unquiet night, and towards morning became furious. He was secured with difficulty in a strait-jacket and strapped to the bedstead. The head was shaved, and cold lotions applied. In his struggle, the bandage on the arm was loosened, and some blood was lost.

Eleven a.m. He is now more tranquil, and well secured in bed; he answers sometimes intelligently, but the general tenor of his conduct betokens insanity. He laughs, talks, and weeps, without any apparent reason. The emphysema is still upon the upper part of the chest, but not to so great an extent as yesterday. The pulse continues small and frequent; scalp hot; pupils more dilated; bowels freely open. He opens his eyes to the full extent. The head is raised on pillows, as on the day of admission, and the divided parts are nearly half an inch apart. He speaks more distinctly. *Twenty leeches to be applied to the temples.*

23. He passed a quieter night, but he had no sleep. He still occasionally raves, and calls upon his brother. Pulse softer, 120.

24. The voice is indistinct; air issues from the wound at every attempt to speak. The face is pallid and eyes sunken; pulse 130, quick and regular; drinks with ease; delirium most violent at night; he is comparatively passive during the day.

25. More emaciated; a constant frown upon the brow; breathing regular and equable, 24 per minute; bowels open; stools liquid, produced by the operation of castor oil. He refuses food. He was particularly restless and violent last night; he is restrained by a strait-waistcoat. He refuses to answer questions; the cheeks are hollow, his colour is sallow, and the countenance is assuming a hippocratic character; the pupils are natural.

26. The symptoms are aggravated. Breathing accelerated and so excited, that there is difficulty in keeping the poultice over the wound; he is utterly incapable of speech; the wound gaping wide, and showing the interior of the trachea; the lips and surfaces of the incision are granulating and covered with a laudable pus. He struggles so much, that the pulse cannot be counted.

29. The mental and cerebral derangement quickly assumed the characters of *delirium ferox*, and the unceasing struggles

of the patient soon exhausted all his nervous energy. He expired early yesterday morning. The body was inspected *twelve hours after death*. The wound was examined and found to have almost entirely separated the trachea from the larynx, dividing the first tracheal ring from the cricoid cartilage. The surface of the wound was covered with granulations, and the adjacent mucous membrane was injected. The emphysema was not extensive, and the viscera generally presented no morbid characters interesting to the pathologist.

ST. GEORGE'S HOSPITAL.

CLINICAL REMARKS BY MR. BRODIE.

IODINE IN TUMOURS.—Mr. Brodie was examining a man who had disease of the tongue, which had been treated with arsenic, for whom he ordered the *liquor potassæ* with *tincture of cinnamon*, observing that it was a case in which he should suppose iodine would be useful. He remarked, that a gentleman came to him one morning with a tumour of the tonsils, which he should almost have believed to be malignant, accompanied with pains in the bones, and fluid effused into the joints. He was put under mercury and sarsaparilla, but at the end of a month or six weeks, had derived no benefit therefrom. Iodine was then given him, and the speediness of his recovery was astonishing. At the end of a fortnight from the time he first commenced with it, he was almost well.

HALF VISION.—Mr. Brodie asked Mr. Walker if he had ever met with any cases wherein the patient, when he looked steadfastly at an object, could only see one half of it. Mr. Walker answered, that he had met with such symptoms in patients who were threatened with amaurosis, and some in whom it depended on disorder of the stomach. "No," said Mr. Brodie, "the cases I allude to are cases of organic disease in the brain. A gentleman came to me this morning who had such an affection of his sight. He could only see one half of an object. The late Dr. Wollaston was somewhat similarly affected, and he always imagined that he had some organic disease of the brain. The result of his *post-mortem* examination proved that his idea was correct. A tumour of the right thalamus nervi optici was discovered, which pressed upon the optic nerve. He wrote a very valuable and instructive paper upon his case in the *Philosophical Transactions*."

THICKENING OF THE MUCOUS MEMBRANE OF THE URETHRA.—A man presented himself in the stricture ward to Mr. Brodie, for the purpose of having an instrument passed to relieve him from what was supposed to be stricture. The contraction existed in the anterior part of the canal, about one inch and a half from the orifice of the glans. The first attempt at introducing an instrument failed; the second succeeded, and it was ordered to be left in the passage. Mr. Brodie remarked to the pupils that this was not a stricture, but a thickening of the mucous membrane of the urethra. "In strictures situated so far forward, there is generally some spasm, but here there was none. In a stricture you dilate the contraction, and it will not soon recur. Here the thickening remains as before, even after the instrument is passed. The man stated, that whenever the desire to pass his urine came on, there was a large swelling in the canal behind the contracted part. I was once sent for to see a gentleman who had suppression of urine, and on examining the case I found a large tumour swelling out in the perineum. This I punctured, let out the urine, relieved the suppression, and afterwards cured the stricture which had caused the suppression."

FATTY TUMOUR.—A man was admitted with fatty tumour, situated on the side of the neck. Mr. Brodie examined it, and finding the man's bodily health to be very good, he at once decided upon extirpating the tumour. An incision was made with a scalpel through the skin, cellular membrane, and fat, into the substance of the tumour, but owing to the man having worn for some time past a porter's knot upon his shoulders, some adhesion had occurred between the fat and the cyst, and Mr. Brodie was not enabled to turn the fat out in the manner which he wished. He was therefore obliged to use the scalpel and dissect it partly out. Two small arteries were secured, and the wound was carefully brought together, that the edges might unite by the first intention. Mr. Brodie remarked, that in these cases it was much better to turn the tumour out of the sac with the fingers, than to use the knife, as in the latter case the tumour was not extirpated so neatly, and some small portions might be left behind, serving to form a small nucleus for a fresh one. Before operating, Mr. Brodie remarked to the pupils present, that the small papular irregularities under the skin were caused by the cyst of the abscess bursting, and the fat, consequently, escaping.

Florid Countenances—"should not be confounded with hectic: they rather indicate, in my opinion, a determination of blood to the brain. I once knew a gentleman with a remarkably florid countenance, who one day went out fishing, and, on lying down in the sun, was attacked with hemiplegia, and lost the use of one half of his body."

Disease of the Humerus.—Nerves.—There is a lad now in the hospital (June 11th) with disease of the humerus. The limb is very much enlarged and swelled, and he finds a difficulty in moving and using it. There is a sinus opening at the external and inferior edge of the axilla, through which the diseased bone may be felt with a probe. It was ordered to be poulticed, and Mr. Brodie told the patient that he must wait some time until the process of exfoliation had taken place to sufficient extent to warrant him in supposing the diseased bone capable of being removed. Mr. Brodie remarked to the pupils that it was a far more difficult matter to remove diseased bone from the humerus than from the tibia, on account of the thickness of the muscles and the numerous nerves that might be implicated in the incisions. "I suppose that in this case," continued Mr. Brodie, "the spinal nerve would come in the way, and if that were divided, the action of the fore-arm would be paralysed. My own impression is, that where these nerves are divided, the patient does not recover the motion of the parts beneath the injury, but I have, nevertheless, heard of cases to the contrary. I heard of one in which the motion of the parts was regained within the twelvemonth. Kosciusko, the polish general, recovered the use of his arm after an injury of these nerves; yet in these cases, I believe, the nerves might not have been completely divided. Sensation in these paralysed parts soon returns, and if a nerve be only bruised, the sensation and the motion are speedily recovered. There is a boy who has a tumour situated on the biceps muscle, and some nerves are supposed to run over the surface, yet he feels no pain except when the tumour is roughly handled." Mr. Brodie remarked, that nerves when stretched will frequently give no pain, and that he had met with many cases in proof of this.

Partial Paralysis, &c.—There is a woman at present under Mr. Brodie's care with paralysis of the left foot, which falls inwards, and the toes are flexed, she not having the power to extend them. She dates the accident from a fall which she received. Mr. Brodie remarked, that the history of the case and the cause of the paralysis might be such as the woman firmly believed to be true and correct, but that he was inclined to adopt a very different mode of reasoning to the one she had given, and to believe that the fall was the result of the paralysis, and not the paralysis the result of the fall; the shock of the latter having no doubt greatly increased the power of the former. Mr. Brodie said, he believed that these cases of partial palsy frequently recovered, and he had no doubt but that this woman would; and he believed these cases were frequently caused by something irritating the brain. Such cases of partial palsy in children were, however, very dangerous, and except they were combated very freely in the first instance with calomel, were very likely to lead to a fatal result. The cause of its extreme danger in children had not been very well ascertained, as but few opportunities had presented themselves of making post-mortem examinations. Whilst the foregoing observations were being made, a pupil present asked Mr. Brodie whether any disordered function of the digestive organs might not prove a cause of partial paralysis. Mr. Brodie remarked, that such a case might produce such an effect, but that the theory of the late Mr. Abernethy, that many local pains were caused by irritation of the digestive organs, was in his (Mr. Brodie's) opinion carried to a much greater extent than the facts would warrant.

Injury of the Head.—A man was brought to the hospital a few days since stunned by a violent kick on the head from a horse, and almost before reaction took place Mr. Brodie trephined him. The man had no very violent symptoms afterwards. There were shooting pains in the head, flushed face, quick pulse, &c. He was frequently bled, and kept low. On Friday, June 7th, Mr. Brodie saw him, and found no pus or matter between the bone and the dura-mater, and prognosticated that there was inflammation below the dura mater, and, possibly, matter formed or effused there. The man died shortly afterwards. There was found great vascularity of the tunics and liver itself, with softening, and water in the ventricles. Mr. Brodie remarked, that these appearances were sufficient, in his mind, to account for the man's death. The softening was the result of the inflammation. Mr. Cooper, the house-surgeon, remarked the singular coincidence, that the kidneys and liver were likewise in a softened state. There were some cases of inflammation of the

liver that really terminated fatally before there was time for either serum or pus to be deposited, owing to the system not being able to bear up against the extreme cerebral excitement. There were some cases which, during life, would show very exaggerated symptoms, and yet serum only would be effused, while others again would exhibit symptoms scarcely calculated to rouse any suspicion, and yet pus would be found after death. Until we got at the real root and cause of inflammation, these apparent pathological anomalies must remain. Mr. Brodie added, that in Morgagni's book many such cases were related. To say that where particular portions of the brain were injured, particular sensations of the mind were sympathetically affected, was trenching very closely on the tenets of the *phrenologists*, who, in Mr. Brodie's opinion, supported very few of their arguments by reference to cases of disorganization or disease.*

Disease of the Knee and Hip.—Hysteria.—A girl has been under Mr. Brodie's care for disease of the right knee, which got well. The left hip and ilium have now become the seat of the disease. On bending the knee whilst lying in the horizontal posture, real pain was felt, but when the head was straightened, and then elevated, no particular increase of suffering was experienced. She bore pressure near the lower part of the spine, coccyx, and posterior part of the ilium. There was some slight disposition to hysteria, but the pain was evidently the result of disease. Mr. Brodie said, that he had once been called in to see a lady who had been lying on her back for eight years, under the idea of having disease of the spine, while she had nothing but hysteria.

There are at present several cases of diseased joints in the hospital under the care of Mr. Brodie. Their symptoms and progress are, generally, pain, swelling, and abscess, which, when opened, discloses dead bone at the bottom. Poulticing and rest are used as palliatives.

There is a child with scrofulous disease of the ancle-joints, in whom Mr. Brodie is trying the iodine, with apparently beneficial results to the child's general health.

* Mr. Brodie, we believe, does not read much.—Ed. L.

College of Physicians.—The Harveian Oration was delivered at the College of Physicians, Pall Mall East, by Dr. Paris, on Tuesday afternoon last. It consisted of the usual twaddle uttered on such occasions. The meeting ended in a jollification, and the proceedings have been duly recorded in the theatrical portion of the columns of the daily journals.

Mr. Palmer, after a smart struggle, has been elected to the lately vacant office of surgeon in the St. James's Dispensary. Having been a pupil of Mr. Brodie, and benefited by the pious instructions of that gentlemen, it was considered by the governors that his claims to an office in a charitable institution were irresistible.

A Correspondent informs us, that "more than forty medical gentlemen met at Nottingham on the 18th, and nearly completed arrangements for the formation of a new medical school in that town."

"Cheap Midwifery" was accompanied neither by proof of the alleged fact, nor the authentication of a real name.

W. The fallacies of the memorialists have been already sufficiently exposed.

Mr. J. G. Davey. As new regulations have just been issued, inquiry should be made at the Board.

Mr. Ord. The proposal should emanate from a respectable Committee of the profession.

The letter signed *J. O'D.* is, most probably, an impudent forgery.

Dr. J. C. W. Our inquiry was not "What was the object of the *Correspondence*?" but what was the nature of the F. C. inquiries?

Not an Author. The card is a very undignified one, but we have seen many of a far more objectionable character.

Our Correspondent at Limehouse might have been sure that an authentication was necessary. No report is legally required now. There is no board in existence to which to make one.

A Query.—A Correspondent wishes to know in what work on physiology he shall find an account of the "Functions of the Abdomen." We beg to refer him to Dr. Bright of Guy's Hospital for an answer. The only function of the belly with which we are acquainted, is ventriloquism.

Notice.—We shall next week commence the analytic series of papers on "Operative Medicine," from the French of M. Velpeau. Our last week's article was designed as an introduction to the course, and not as a part of the promised articles themselves.

Erratum.—Page 419, line 11, *for* Totus *read* Fotus.